THE
HOMŒOPATHIC TIMES.
A MONTHLY JOURNAL
Of Medicine, Surgery, and the Collateral Sciences.

VOL. VIII. NEW YORK, JANUARY, 1881. No. 10.

ORIGINAL ARTICLES.

RECENT EPIDEMIC OF DENGUE IN SAVANNAH.*

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IN "THE NOMENCLATURE OF DISEASES PREPARED FOR THE USE OF THE MEDICAL OFFICERS OF THE UNITED STATES MARINE-HOSPITAL SERVICE BY THE SUPERVISING SURGEON-GENERAL (JOHN M. WOODWORTH, M.D.); WASHINGTON, 1878," Dengue (Denguis) is thus defined: "An ephemeral continued fever, or febricula, characterized by frontal headache, and by severe pains in the limbs and trunk, and sometimes by an eruption resembling that of measles, over the body; occurring in the West Indies." Loomis defines it in his work on Fevers as: "An acute disease which appears as an epidemic in hot climates. It is characterized by a febrile excitement, remitting in its character, and is accompanied by more or less intense arthritic pains, attended by the development of a papillary eruption resembling that of measles." These definitions, like all attempts to define in a few words what is complex and undefined, must necessarily be imperfect, and give one but a meagre picture of the disease; but they may serve as bold outlines to be filled in by more minute descriptions of the varying phases assumed by the disease, at various times and in different places.

The many names given it, such as Eruptive Articular Fever, Neuralgic, Solar, or Sun Fever, Rheumatismus Febrilis, Scarlatina Rheumatica, Exanthesis Plantasis, show the many forms it has manifested under different conditions. A prominent physician here proposes to call it *rheumatic measles*, a characteristic expression but an unfortunate name, as it differs greatly from that disease, both in its cause, the totality of its symptoms, and its mortality.

Dengue is well known to the people of the South. It first appeared in Savannah in the autumn of 1826 and the following year to a less extent. There was another epidemic in 1828, after which it showed itself in no epidemic form, till 1850, when it appeared again throughout the South, Charleston suffering especially. Again, in 1852, 1858, and since then with more or less severity at various times.

The disease was first recognized as the break-bone or broken-bone fever towards the end of August, although some cases occurred before that time, but were not recognized. I was called to my first case August 31. This patient I had treated before for pelvic cellulitis, and on my first visit regarded it as a renewal of the old trouble, there being pelvic and abdominal pains, and pains running down the thighs. It was only after the eruption came out that I saw fully the nature of the case. Two cases occurring about this time were diagnosed, I heard, as mild Scarlatina, which I am persuaded were simply Dengue. The disease assumed in children a form not unlike Scarlatina, both in the character of the eruption and throat symptoms.

It first appeared in the eastern part of the city from which point it rapidly spread over the entire city and suburbs. The epidemic increased in severity from this time, reached its highest point in the week from September 26 to October 2, when it gradually began to decline, and virtually ceased as an epidemic in the latter part of October, when there was a cold spell with slight frost on the 24th and 25th. This let-up seemed to follow less from the cold spell than from the disease having consumed all available material, for the few cases following this lull occurred in those who had left the city for the summer and had returned to their homes, thinking all danger over. Even at the present time of writing, December 13, a case now and then occurs, showing that the cause, whatever it may be, still lingers.

As to the whole number of cases, it is hard to come to anything like an exact statement. Many had the disease so slightly as to need no medical attendance. A great many, especially among the negroes, called on no physician, so that the adding together of all the cases on the case-books of the physicians would not give the correct number. The population of Savannah, according to the last census, is 33,248, and I have calculated between 6,000 and 7,000 as the probable number of cases.* This calculation may exceed slightly the real

* In this essay I shall limit myself to the appearance of the disease in Savannah and the phases it has assumed in this particular outbreak. A more extended treatment of its etiology and its relation to Yellow Fever I leave to those who have made this subject a special study, and whose experience in Yellow Fever epidemics better qualify them to treat so extensive and so vital a question.

* In Dr. Porcher's Report of the epidemic at Charleston in *The National Board of Health Bulletin*, Vol. 2, No. 13, he estimates the probable number of cases from 2,000 to 3,000, in a population of 57,000. But it must be remembered that Charleston's epidemic was a much milder one than Savannah's. Some cases were seen there as early as the end of June, although the disease was not generally recognized till the middle of August, while under the date of his writing, Sept. 16, it was evidently on the decline, at a time when it was on the increase here. The epidemic was therefore of shorter duration, attacking fewer of the inhabitants, and with symptoms of a much less violent character. There were no cases of decided jaundice, and seldom any with nausea and vomiting. While on this subject, it may be well to give Dr. Porcher's short account of the symptoms: "The disease generally begins with a feeling of coldness, or by a chill followed by fever—this with a temperature ranging from 100°–105°, lasts generally from 24–48 hours, occasionally extending to four or five days, and even in rare cases to seven. Relapses occasional, especially in those who had gone out too early. Headache frequent, generally frontal, from the beginning. Miliary eruption, sometimes elevated and red, like measles, and the occasional presence of *sudamina over the face, neck, and body*; sometimes the eruptions were confined to the body, and endured for days after recovery. We have seen some examples of slight desquamation—finfinaceous or furfuraceous in character. . . . . There is often a great restlessness during the fever, and in some a feeling of tightness or congestion about the throat, with bleeding, in a few cases. Catarrhal symptoms are rarely present, although cough has occasionally existed. Bleeding from the nose not unusual in children, and also increase in the menstrual motimen has been observed. Pain in the back and limbs markedly present, but no decided swelling of joints, no carbuncular enlargements or boils, as in the epidemic of Dengue, of 40 years since, or in that of 'break-bone,' which followed some years subsequently. Weakness and prostration have been very decided, but not nearly to such an extent as in previous epidemics."

figures; I doubt very much if it falls short of the exact number. I include, of course, all who showed the least symptoms, symptoms sufficient, however, to warrant a diagnosis.

ETIOLOGY.—The epidemic has come and gone, and we are as much in the dark as ever concerning its cause and the nature of the poison. It is undoubtedly an infectious disease, but as to its contagiousness, there is not that certainty. I do not feel that I can express an opinion on this point. Some believe that the disease depends upon a specific contagion, but I am persuaded that as yet we have no facts which absolutely prove its contagiousness. Its malarial nature is also unsettled, using malarial in its restricted sense. Although a malarial element may be necessary to its proper manifestation, it cannot be classed with what we know as the pure malarial fevers. Quinine, which is, perhaps, the best test of a malarial or non-malarial fever, has no effect upon this fever either in shortening or in stopping it; on the contrary, it greatly aggravated the pains, especially in the head. There were cases where there was evidently a malarial complication, as evidenced by marked remissions, or even intermissions towards the close of the fever; there quinine helped. Its appearance about the same time in Savannah, Charleston, Atlanta, Augusta, and cities along the coast to New Orleans, shows some wide-spread atmospheric condition as a cause. Preceding outbreaks have shown a similar ubiquitous influence. But here we stop, and beyond this all is uncertain and conjectural.

Its appearance this year was as sudden as it was unexpected. The summer had been a remarkably pleasant and healthy one. There were but few really hot days, and the summer rains generally sufficient to lay the intolerable dust which forms here during a dry spell. I give here a comparative table of the mean daily barometer, the mean daily thermometer, the mean daily humidity, the mean daily maximum and minimum temperatures, the prevailing winds, and the rain-fall, for May, June, July, August, September, and October, for the years 1876, 1879, and 1880; 1876 being the Yellow Fever year; 1880 for this year, and 1879 as a year free from any epidemic influence:

Year	1876.						1879.						1880.					
Month	May.	June.	July.	Aug.	Sept.	Oct.	May.	June.	July.	Aug.	Sept.	Oct.	May.	June.	July.	Aug.	Sept.	Oct.
Mean daily barometer .. .	30.083	30.034	30.064	30.066	29.989	30.062	30.052	30.056	30.046	30.009	30.100	30.139	30.125	30.083	30.054	30.062	30.10	30.122
Mean daily Thermometer	74.02	80.56	84.5	82.1	78.00	61.70	73.7	79.2	83.6	79.8	74.2	70.5	73.7	81.9	83.1	81.2	75.1	65.7
Mean daily humidity	67.1	71.2	68.7	72.6	70.04	71.4	67.7	67.5	69.5	74.6	76.6	79.8	71.4	66.6	69.1	75.5	76.3	76.2
Mean daily minimum temperature.....	64.03	72.10	74.9	74.0	69.6	53.2	65.9	71.7	76.0	73.4	67.9	65.5	66.9	73.2	75.5	74.7	68.9	59.2
Mean daily maximum temperature..	81.74	87.67	92.1	89.5	85.5	70.6	81.3	86.4	91.3	87.0	80.5	77.0	79.5	89.2	92.2	87.6	81.5	72.2
Direction of wind	S.E.	S.W.	S.W.	S.	S.W.	N.E.	S.	S.	S.	S.	N.E.	N.E.	S.	S.W.	S.W.	E.	N.(S.)	N.E.
Total rainfall..	2.25	18.80	6.11	6.88	2.63	9.45	3.05	5.86	4.29	5.10	5.54	3.87	2.53	9.30	7.24	3.94	4.63	6.58

This table is prepared from observations taken at the Signal Service Station at Savannah. I fear, however, it helps but little. It is only valuable for its negative evidence. The thermometrical differences are too slight to lead to any conclusion. The only noticeable difference exists in the rainfall, which during 1876 was unusually great, the aggregate fall from May to October inclusive being 46.12 inches. For the same months in 1879 it amounted to 27.71 inches, and in 1880, 27.24 inches. In 1876, almost half this rainfall occurred in June (1880), to be followed by the hottest month of the year. This, occurring with the acknowledged unsanitary state of the city, was a most potent factor in the production of unhealthy telluric and atmospheric conditions. In 1880 the first six months give but 15 inches rainfall, with a mild winter. The municipal authorities had seen to a comparatively clean city, which undoubtedly did much to keep off diseases of a malignant character.

Throughout the summer there was but little sickness; this, contrary to what we might suppose, is the rule. The summers are the healthiest time of the year. There was observed, however, a more than usual number of cases of typhoid fever, a mild malarial remittent fever of a typhoid character, leaving the patient jaundiced. In these cases the temperature did not rise above 103, and the pulse above 100, with the other symptoms equally mild. These consisted simply in anorexia, prostration, and aching in head and limbs. On the subsidence of the fever, the skin became slightly jaundiced, the jaundice yielding readily to treatment. The relation between these cases and the Dengue which followed is an interesting question, but one we are not able to answer. Their occurrence had led some of the physicians here to predict yellow fever, a prediction fortunately not realized.

In looking back over the epidemic, we have noticed no real *genius epidemicus*, except that the disease lacked the marked rheumatic and lymphatic swellings which have been such a prominent feature of some previous outbreaks of Dengue. With this exception, it has assumed the most varied phases, affecting some so slightly as hardly to be recognized, while others were most violently attacked. There have been besides curious complications which have more than once led the physician astray. There were a number of relapses, the secondary attack sometimes exceeding in severity and duration the primary one. In one case, a young man who had been out and exposed himself in the night air after a severe relapse, developed a congestive chill which carried him off.

There were a few deaths ascribed to the disease, but they occurred in young and feeble children and the aged and the infirm, whose life's thread required but the slight shock to be broken. I saw myself but one death, and that occurred in an elderly lady who had been in feeble health for some time previously. I saw the case in consultation. The immediate cause of death was congestion of the lungs. This was the only case, too, I saw with marked glandular swellings. The lymphatics and parotid on the right side were very much enlarged, yielding on incision a small amount of grumous pus.

With its many phases certain distinct types were manifest whose proper recognition and description will enable us to form more clearly in our mind's eye a complete picture of the disease and the epidemic. The *sthenic type*, with a predominance of the vascular, nervous, or gastric and abdominal symptoms.

The *asthenic, adynamic*, or *typhoid type*, with symptoms typhoidal in character.

These different manifestations seemed to depend more on the patient's age and constitution than on any differences in the poison. In children, as a rule the disease did not assume a violent character. I saw a number of cases in babies and young children, where without the eruption the disease would have been overlooked, from the paucity and insignificance of the symptoms. When it did assume the severer form it was the sthenic type, with a predominance of the vascular or nervous symptoms, or both quite equally combined. The following case is a fair example of the phase it assumed in many children:

CASE No. 29.—Stella M., aged 6 years; Nov. 3, 5 P. M. The child brought to me by the mother who said the child had been ailing all day, but not sick enough to go to bed. Face flushed; dull and heavy; slight fever, (temperature not taken); pulse 100; has complained all day of frontal headache and pain in the back of the neck. Ordered her to bed.

Nov. 3, 10 P.M. Sent for in haste by the parents, who feared the child was going into convulsions. Child complains of pain in the throat, which is very red; face flushed, pupils dilated; child very nervous; occasional twitches; child quick in speech and action; temp., 102°.6; pulse, 140.

Nov. 4, 9. A.M., temp. 101°.75; pulse, 135; quick in her movements; dull and drowsy; complains of no pain. 6 P.M. Temp. 102°.5; pulse, 130; dull and heavy all day; has complained of no pain; throat still red and painful on external pressure.

Nov. 5, 9. A. M. Had a very restless night, feared she would go into convulsions. Very much better this morning; temp., 98°; pulse, 118. Good deal of thirst through the night; well developed eruption on the face, neck, and arms, more an efflorescence, with here and there a patch, papillary in character; 9 P.M., passed a very comfortable day; pulse 88; temp. normal; wants to eat.

Nov. 6, Convalescent. Treatment, *Acon. Bell. Gels., Nux V.; hot pediluvia.*

In strong vigorous adults the sthenic type with vascular or gastric symptoms predominated. There were, however, a number of exceptions to this rule. In the aged and infirm, the typhoid type appeared; but to this too there were exceptions. Examples of these types will best show their distinctive features.

Sthenic Congestive Type. This case occurred in the practice of my partner, Dr. L. A. Falligant, and I am indebted to him for the following notes:

CASE No. 21.—Miss K. K., aged 20; taken down with Dengue while convalescing from typhoid fever.

OCT. 13, 5 P. M., Headache for the last two days; chill came on about 8 P. M., yesterday, followed by a high fever; pulse at that time 140; temp. not taken; lethargy, does not answer questions well; heavy sighing respirations; tongue clean and moist; conjunctivæ yellow; skin sallow; pulse now 147, temp. 105°.75 (axillary). At 9 P. M., eyes red and watery; efflorescence on the face and chest; nasal breathing; pulse 154; temp. 105°.5.

OCT. 14, 9 A. M., pulse 140; temp. 103°.5; eyes less infected, mind brighter; slight frontal headache.

OCT. 15, 12 M., pulse 92, temp. 99°.5; 6 P. M., pulse 92, temp, 99°.5.

OCT. 16, 12 M., pulse 120, temp. 100°, skin still sallow; 7 P. M., pulse 109, temp. 99°.5.

OCT. 17, 10 A. M., pulse 94, temp. 97°.75

OCT. 18, 10 A. M., pulse 84, temp. 97°.5; convalescent; the remedies used were:—*Acon., Bell., Ars., Bry., China, Ferrum.*

This case is quite unique from the high pulse and temperature. A fever of 105°.75 was rare even in children, with whom the fever generally ran the highest. Note the secondary rise (secondary fever) on Oct. 16th, the fourth day; also the depression in the temperature at the close. This case is again interesting from the disease following upon a very severe attack of typhoid fever.

Sthenic Nervous Type. CASE No. 17.—Alfred S., aged 6½ years. Oct. 8th, taken suddenly in the afternoon with violent clonic spasms lasting from 5 to 8 P. M., with but few and short intervals of relief. When seen at 6 P. M., the pulse was 160, and the temperature 103°. At 8 P. M., the convulsions ceased, the child still remaining unconscious; the pulse 160 and the temperature 105°.

OCT. 9, 10 A. M., pulse 130; temp. 99°; conscious and recognizes those about him; no action since last night, when he had one loose stool during the convulsions. At 6 P. M., pulse 112, temp. 100°.5.

OCT. 10, 11 A. M., pulse 100, temp. 100°; 6 P. M., pulse 100, temp. 99°.

OCT. 11, 10 A. M., pulse 90, temp. 98°.5. Convalescent. The remedies used wore *Acon., Bell., Hell., China, and hot mustard pediluvia.*

In this case there was no eruption to confirm the diagnosis. Dengue was diagnosed from the fact that there was no other apparent cause for the convulsions, that the child's father had the fever at the same time with the eruption and with unconsciousness for three or four hours, and that there were a number of cases with convulsions and symptoms like those present in this case, where the diagnosis of Dengue was unquestionable. Both father and child had nervous temperaments. The case shows, I think, the dependence of the type upon the patient and his constitution.

Sthenic Gastric Type. For this case I am again indebted to Dr. Falligant.

CASE No. 8.—Mr. M., aged 55. Aug. 27, 9 P. M., pulse 108, with pains in the extremities, flushed face, chilly shudderings.

AUG. 28, 9.30 A. M., pulse 86, temp. 102°; oppression in the pit of the stomach; vomiting at 2 A. M.; 4 P. M., pulse 76, temp. 102°.5; restless, thirsty; chilly occasionally with sense of weight in the stomach; 9.15 P. M., stomach very irritable, much nausea and efforts at vomiting; ice produces chilly sensations; thirst and restlessness; great burning in the stomach, with belching; urine tested by heat and nitric acid and found to contain a trace of albumen; pulse 72, temp. 103°.25; no action since yesterday.

AUG. 29, A. M., pulse 64, temp. 102°.; a grass-green vomit about 2 A. M.; much easier this morning; 4.20 P. M., pulse 64, temp. 103°; still belches; restless; vomiting again at 2 A. M.; mucus vomiting after taking tea and toast, smelling very sour.

AUG. 30, 9.30 A. M., pulse 52, temp. 101°.25; 9 P. M., pulse 56, temp. 102°.5; still somewhat restless.

AUG. 31, 10 A. M., pulse 54, temp. 100°.75; quicker; pulse very weak; less gastric disturbance; 8.40 P. M., pulse 52, temp. 98½°.

SEPT. 1, 10 A. M., pulse 52, temp. 99°5; comfortable since last night; not so much chilled by cold drinks.

SEPT. 2, 10 A. M., pulse 54, temp. 98½°; convalescent. The remedies used were *Acon., Ars., Bell., China, Ipec., Merc. sol., Nux V., Sulphuric Acid.*

This case occurred in the beginning of the epidemic.

It is noticeable for the albuminuria, a condition found in but very few cases. The amount of albumen was very small, a mere trace. The urine was tested by heat and nitric acid (Heller's test). The compression in the pulse was another noticeable feature; his natural pulse was 60. The eruption appeared towards the close. Dengue when it assumed this type, bore a close resemblance to yellow fever. It shows the error of laying down albuminuria as pathognomonic of the latter disease. It is only in the totality of the symptoms that we can properly make a diagnosis. Unfortunately I have no record of a typical asthenic or typhoid type, and I shall therefore give the symptoms which characterized it. As before mentioned, most of these with this phase of the disease, were elderly and enfeebled persons whose vital forces were below par. Although the onset of the disease may have been sudden and violent, in the reaction and stage of depression the symptoms showed the typhoid type by the dry, red, glazed, or brown tongue; sordes on the gums and teeth, offensive breath, lethargy, abdominal tenderness, vomiting of ingesta, mucus, or bile; constipation, or dark, sometimes tarry, papescent stools; more or less jaundice. The temperature seldom rose above 103° and the pulse above 100, often below the normal. There was sometimes epistaxis, hæmatemesis, and hemorrhage from the bowels; menorrhagia or even metrorrhagia. The secondary fever, if any, was slight, and the convalescence long and protracted.

I must repeat, however, what I said before about these types and the attempts to draw distinct lines of demarcation between them. They often ran into each other, a case beginning with sthenic symptoms, and passing into the typhoid type; or, again, a mingling of the vascular, nervous, and gastric varieties, which made it impossible to exactly pigeon-hole each case. They will enable us, however, to better understand the epidemic as a whole, and will serve as bold outlines of our picture to be "filled in" by a more minute symptomatology.

Symptomatology. The disease was ushered in by a very insignificant chill, the patient complaining of cold hands and feet, and a few creeps up the back. The onset was often remarkably sudden. One case I recall, where the patient went to bed feeling perfectly well, to awake suddenly in the night with a slight chill and headache. Another case of a lady who, while quietly reading to a sick brother, was suddenly taken with pain in the back as the initial symptom. This case proved to be a very severe one. In others the disease began as a general malaise of twelve, twenty-four, or thirty-six hours.

The fever was monoxysmal. The temperature seldom rose very high, in the majority of cases not above 103°. With children the average temperature was above that of adults, and with them, too, the highest points were reached. The course of the fever varied. Perhaps the most usual one was the following:—the fever reached its highest point within the first twelve or twenty-four hours, when it began to decline with or without remissions, usually with, until the fourth, fifth, or even sixth day, when there was a slight rise, seldom well marked, known as the secondary fever. This slight secondary rise was followed by a drop to the normal, when convalescence was established. On the decline the temperature sometimes fell below 98°.5; in one case it fell to 96°.5. This was by the axilla as were all the records. In other cases there was a gradual decline from the first sudden rise, without any remissions and without any secondary rise. Others, again, with a gradual decline by remissions without the secondary fever. When any malarial complication existed, the fever became marked by remittent or even intermittent towards the close. It very rarely continued longer than a week; generally limited to three, four, or five days.

The pulse seldom rose in the beginning above 120; usually below that point. It began to decline with the fever, and like it often going below the normal; in some cases among the fifties or even the forties. This depression in the pulse was a marked feature of the epidemic. In this symptom Dengue resembled Yellow Fever. Case No. 8 shows this depression. The patient, a strong vigorous man of 55, had a natural pulse of 60.

Aug.	27,	9	P. M.,	Pulse 108—	Temp. —	
Aug.	28,	9.30	A. M.,	" 86—	"	102°
"	"	4	P. M.,	" 76—	"	102°.5
"	"	9	P. M.,	" 72—	"	103°.25
Aug.	29,		A. M.,	" 64—	"	102°
"	"	4.20	P. M.,	" 64—	"	103°
Aug.	30,	9.30	A. M.,	" 52—	"	101°¼
"	"	9	P. M.,	" 56—	"	102°.5
Aug.	31,	10	A. M.,	" 54—	"	100°.75
"	"	8.40	P. M.,	" 52—	"	98°.5
Sep.	1,	10	A. M.,	" 52—	"	99°.5
"	2,	10.30	A. M.,	" 52—	"	99°
"	3,	10	A. M.,	" 54—	"	98°.5

The pulse not infrequently became intermittent, regularly or irregularly, especially when depressed. The head symptoms were characteristic. The most constant pain was the frontal headache, and next to this in frequency, the pain in the occiput. With several cases in children this frontal and occipital headache, preceded by some hours the fever. Bursting pain in the head was another prominent symptom. One case of neuralgia of the face and head was so great as to entirely throw in the shade all other symptoms, and when the fever left the patient, the pains, strange to say, became worse. After two or three days of great suffering with but little relief from remedies, a cholera morbus developed, leaving the patient greatly prostrated, but free from pain. The neuralgic and rheumatic pains in other parts of the body justified the name of Break-bone Fever. Patients really feel as if all the bones in the body were broken. A severe pain in the back was almost always present. These rheumatic symptoms were often accompanied by redness of the joints, but rarely by any perceptible swelling. Redness of the olecranon I noticed especially. Articular enlargements were rare; when they did occur they were péri-articular, rarely passing into suppuration. When convalescent, soreness and stiffness of the joints remained, lasting some days and even weeks.

The catarrhal symptoms were not marked. The eyes were injected and watery. A slight pharyngitis with slight tonsilar enlargement, was common among children. I was called to some cases where diphtheria was feared from the redness of the throat and the complaint of pain. These symptoms rapidly disappeared. Bronchitic symptoms were uncommon. Congestion of the lungs occurred occasionally. In the case above mentioned which died, death was no doubt, largely, if not entirely, due to congestion of the lungs, occurring in an enfeebled constitution. Pneumonia was rare.*

The Gastric and Abdominal Symptoms. The tongue's appearance varied; at times clean and moist; again, with a thick yellow or brown coat. In the typhoid cases it became dry, red, and glazed, or dry and brown. A bitter and foul taste was usually complained of; thirstlessness, even with the high fever; nausea and vomiting of clear mucus, ingesta, or bile, and occasionally blood, with burning and cramps in the stomach and bowels. There was no constant condition of the bowels. When loose the stools were dark, papescent, even tarry in color and consistency. This condition was usually attended by gastric disturbances. A dysenteric diarrhœa occurred, although not a common symptom.

The urinary symptoms were not marked. In all the cases where the urine was tested, but three showed

* Mr. S., aged 55, colored, of the better class, consulted us for shortness of breath and cough following a severe attack of Dengue. Physical examination revealed a pneumonia of the lower lobe of the left lung. Cannot take a deep inspiration; dry cough; heaviness in left lung; pulse 90; temperature not taken (there was no indication of fever.) Otherwise his condition was good; appetite good; sleeps well, bowels regular. Under the use of Phosphorus and Sulphur, he reports improvement in the cough, though there is no indication of the clearing up of the lung.

albumen, and that in very small quantity.* Two of these occurred in the same family. I saw one case, a colored woman of twenty-five, when there was almost complete suppression for 24 hours. I introduced the catheter and drew off an ounce of dark, bloody urine, the whole amount excreted in the preceding 24 hours. The flow was soon re-established, but the patient had a tedious convalescence. Suppression of urine was a common occurrence in Yellow Fever.

Uterine symptoms were prominent. When they occurred, the disease occurred during the menstrual sickness; the flow was increased, sometimes to an alarming extent. Even when the attack occurred during the intermenstrual period, the flow was frequently brought on. A colleague informs me that in two or three of his cases, the hemorrhage was so great as to call for active treatment. These hemorrhages were often associated with bearing down and other uterine pains. I saw and heard of no miscarriages.

The skin symptoms were characteristic. The eruption was absent in about one-third of the cases. It varied from a slight erythema to a bright red scarlatinous eruption, with a subsequent desquamation, or a well developed papillary eruption like measles. Some of the severer cases had no eruption, and again, a most insignificant form of the disease showed the eruption well developed. It is not unlikely that some cases owed their severity to its improper development. The papillary form was not so common as the erythematous or scarlatinal. The slight erythema occurred most frequently in children. It usuully began on the hands and arms, appearing soon after or simultaneously, on the face, neck, and chest, and more or less over the rest of the body, It appeared with or followed the slight secondary rise in the temperature on the third, fourth, or fifth day, with some relief to the pains and other symptoms, and associated with considerable perspiration and itching of the skin. The eruption sometimes showed itself in the beginning. Sudamina and urticaria were not infrequent. I saw no purpura; occasionally small furuncles on the face and hands. From the beginning the skin often had a sallow color, rarely pronounced enough to be called jaundice.

Lymphatic enlargements were not common. In fact, I saw but one case of marked glandular enlargements, and heard of but few others. I saw a number of cases of slight glandular swellings coming on gradually during convalescence, or even later, ascribed by the patient to cold, or without any apparent cause. One case of swollen testicle (Epididymitis), but this occurred after excessive venery during convalescence.

Convalescence from the severer cases was slow; the patient remained for days weak, languid, unable to think or act, with soreness and stiffness of the joints, sallow skin, and poor appetite. Some picked up rapidly, and enjoyed exceptionally good health afterwards.

Treatment. I come now to the treatment. This, on the whole, was very satisfactory. Although some cases proved rebellious, and seemed bent on running an unmodified course, the great majority yielded to treatment.

When called in the beginning with high fever and arterial excitement, I ordered hot mustard pediluvia, every two hours, if necessary, with hot drinks and plenty of bed clothing to excite free perspiration. Hot lemonade was found most grateful to the patient. In conjunction with this, *Aconite* with *Belladonna, Bryonia*, or *Gelsemium* in alternation, according to the symptoms. By this treatment free perspiration was usually induced within twelve or twenty-four hours, bringing with it relief from pains, and a mitigation of the other symptoms. Cases which yielded readily to this initial treatment were apt to run a mild course, while those which proved obstinate showed a more severe type. They were, fortunately, rare.

In the second stage, a stage of decline or depression, the remedies most indicated were; *Ars., Bell., Bry., Cantharis, China, Colocynth, Gels., Hell., Hyos., Ign., Ipec., Merc. Sol., Mur. Acid, Nit. Acid, Nux V., Phos., Puls., Rhus., Sulph., Verat. Alb.* Of these, *Ars., Bry., China, Ipec., Nux. Rhus., Merc., Puls.*, and *Sulphur* were the most frequently indicated.

In the third stage, or stage of convalescence, *China* and *Nux Vomica* were the prominent remedies, overcoming the nervous prostration and general debility. *Aconite*, of course, met the high fever, anxiety, and hard, rapid pulse of the beginning of the disease; *Belladonna*, the congestive, neuralgic, and throat symptoms, proving especially valuable with children. *Bryonia* covered many of the neuralgic and rheumatic pains with the other charateristic symptoms of this wonderful remedy. *Gelsemium* was frequently indicated. The violent congestions, associated with a condition almost of stupor, mental hebetude, the giddiness which was a frequent symptom, the occipital headache, and pains in the upper cervical region, the heavy and injected eyes, the general rheumatic symptoms, the fever without thirst, and the character of the eruption, all called for this remedy and yielded to it. In "Hale's New Remedies" there is mentioned under *Gelsemium*: "Papulous eruption, resembling measles; measles, one of the best remedies, especially for the catarrhal symptoms." And again, "In all the eruptive fevers the *Gelsemium* may be thought of." It certainly proved in numerous instances a most valuable remedy. It moreover meets many symptoms of the Southern fevers. It is a common plant here, much sought after for its beautiful flowers, and is a drug of not infrequent use among the old school.

Rhus, as might be supposed, was frequently indicated, *Cantharis* was rarely called for. In the case above mentioned, of partial suppression of urine and hæmaturia, and strangury, this remedy gave immediate relief.

Hyosciamus came in as an occasional remedy, called for by great nervousness and sleeplessness.

Secale cornutum was sometimes indicated by the uterine symptoms.

Mercurius sol. was frequently indicated by its well-known symptoms. It is a remedy which meets many conditions common in this latitude.

China met the debility following the hemorrhages.

Nux vomica was often indicated in the second stage, as well as during convalescence, as was also *Sulphur*.

The remedies were generally alternated, and given in the tinctures and lower dilutions and triturations. No high attenuations were used.

* Dr. S. M. Bemiss, in an article on Dengue, in the New Orleans Medical and Surgical Journal, for December, 1880, p. 511, says:—"I have never seen albuminous urine in Dengue, and know of no clinical records which support a belief that it is liable to occur." Dr. Bemiss is one of the most prominent physicians in the South, and has had a wide experience in the diseases of this portion of the United States, but I feel confident that his statement is too sweeping. Albuminuria is of course rare, but its occurrence is not only possible but probable, as our experience has shown. The cases were undoubtedly Dengue, as evidenced by the eruption, and the other symptoms; and the tests for albumen were carefully made, and repeated to avoid mistake. It is not difficult to imagine albuminuria in a disease with marked congestion of the abdominal viscera, and a hemorrhagic tendency, such as manifested itself occasionally during the epidemic. In one case above mentioned, the pathological process went further, for there was hæmaturia and almost complete suppression.

IODINE IN MALARIA.—It is claimed by those of long experience in the use of this remedy, that it is quite as much a specific in Malaria, as *Quinine*. Dr. Grinnell, of Tenn., says he has treated with it one hundred and forty cases, mostly of the tertial and quotidian type, and the results were fully as good as when *Quinine* was used. In many cases the remedy acted so quickly that a recurrence of the paroxysm was prevented. In cases of enlarged spleen, there was a more speedy reduction in the size of that organ, than when *Quinine* was used. If used in solution, he advises a combination with it, of a few grains of the *iodide of potassium*.

PATHOLOGICAL ANATOMY OF THE HUNTERIAN INDURATION OR INITIAL SYPHILITIC SCLEROSIS.

By W. Storm White, M. D., New York.

PART I.

As the usual precursor of acquired syphilis is to be found in the hard, indurated or Hunterian chancre, it becomes very important to be well informed as to the exact changes which take place in its development, as some useful hints may be given as to its treatment by comparing the process here displayed with those of other conditions more common and therefore better understood. It has been claimed by men of large experience that the microscopic characters presented by hard chancre are precisely those which are to be found in common inflammations. This is in part true, but by taking into consideration all the conditions, we have something more, which we lack in inflammation. It is upon the *tout ensemble* which the differential diagnosis is to be based, and not on the presence or absence of any one element. It is just the same as with the tumors—we dare not diagnose carcinoma, because we find epithelial cells, but because we find these collections of cells taking certain positions with reference to the surrounding tissues. So is it in this case, and it will be our purpose to indicate these peculiarities of arrangement presented by chancre in such a manner that, one observing carefully and closely, cannot err in his diagnosis. Of course no positive diagnosis can be made without the history of the case, and the microscopic appearance of the tumor, for tumor it is, as the points of difference are exceedingly fine, and it only on the finest possible sections that we are enabled to corroborate the microscopic diagnosis by the microscopic picture. But, before going into the pathological anatomy of the parts which we are to study, we must pass briefly in review the normal histology. In all the cases which I have had the opportunity to make sections, the chancres have come from the male patient, and have therefore been developed on the prepuce; this being the favorite seat of the initial syphilitic sclerosis, as it is the part most exposed and most susceptible to the infection. This is the result of purely mechanical influences, as here the epithelium is apt to be removed by friction, and the denuded surface becomes the best possible field for the absorbtion of the syphilitic virus.

In the very outset, I must give credit to Professors Auspitz, Exner V. Recklinghausen and Gonbaut for much of the material from which this article is written and especially to the article by Auspitz and Unna (see "Vierteljahresschrift für Dermatologie und Syphilis," IV. Yahrgang, 1877, 1 and 2 Heft, Wien.) There are however portions which are the result of personal observation, and not as yet described in any article which has come to my notice:—such for instance, as the changes in the neurolema and sweat glands.

There are some points of difference between the histological arrangement of the prepuce and that of other portions of the skin, and it will be best, perhaps, to give the whole picture as briefly as possible.

HISTOLOGY OF THE PREPUCE.

Here we have to consider a mere fold of skin, with but slight difference between its inner and outer surface; still to avoid confusion we will describe each separately, beginning with the outer surface. This is the direct continuation of the skin of the penis, and differs from it in nothing at all. Proceeding from without inwards, we first see the epidermis, on a fine vertical section, prepared as is given in any hand book on the technical branch of microscopy. The most satisfactory method, however, is to harden the skin in alcohol, cut and color with carmine, picro-carmine or hæmotoxyline. The epidermis is here moderately thick and its three layers can be well distinguished. In the stratum malpighi we find cubical cells, sometimes impregnated with brown or black pigment, while above it lies the ordinary gradation of cells, varying from round to flat as the surface is approached. The cylindrical cells rest on an imperfect layer of round or cubical cells, which are serrated on the lower side for insertion into the basement membrane, between the epithelium or cutis proper and the papillary layer of the derma. The whole prepuce is furnished with well marked papilla, and these are always covered with the hyaline structureless membrane, above referred to as the basement membrane. Suderiferous and sebaceous glands both being present, we see their ducts leading up through the epidermis, and in this portion of their course they are lined with pavement epithelium and pierce the epidermis at an angle to the surface, but are straight in their courses. There are no hair follicles. The papillæ are conical, formed of fine bundles of connective tissue, and contain capillary loops, meirner's tactile corpuscles (?) and the finer lymph channels. On this latter point there is some difference of opinion, and it is not as yet definitely settled. In direct continuation with the papilla is the pars reticularis, which becomes gradually less and less dense, till we at last reach the loose connective tissue separating the two portions of the fold. This pars reticularis is also formed of connective tissue bundles, crossing each other in all directions and thus forming a meshwork. We are at once struck by the entire absence of fat tissue in the subcutaneous layer. Through the pars reticularis we find scattered smooth muscular fibers, especially in the vicinity of the sweat and sebaceous glands and elastic fibers. The glands lie both in the pars reticularis and sub-dermal connective tissue. The smaller lymph vessels, and the lymph spaces are the same as in other portions of the skin; that is, they present no proper walls, but simply openings through the tissue, lined with endothelium, for the circulation of the lymph fluid The blood vessels are in two layers, a deep and a superficial, instead of three, as elsewhere. The superficial layer lies directly under the papillary layer, and sends up its capillary loops into the papilla The deep plexus or layer is confined to the sub-dermal areolar tissue and the boundary between it and the pars reticularis. It sends branches upwards, however, to form the superficial layer. The sweat and sebaceous glands are supplied with blood from the deep plexus and from them the vessels proceed to the papillæ. There rests a portion of tissue, very poor in blood vessels, between these two layers (that is in capillaries) as the vessels ascending through it give off very few branches till they reach the supeficial plexus or net-work. The very few capillaries which it does contain come therefore partly from the superficial and partly from the deep net work. In both these latter layers, the vessels anastomose to form proportionately large meshes and thus form a complete net-work. The arteries can easily be distinguished in the section from the veins, by their thicker walls, which can be readily dissolved into their three layers—intima, media and adventitia. The media is well developed and thick, and the membrane luestrata is distinguished as light streaks running parallel to its fibers, if the specimen has been colored with carmine and the vessel be large enough to contain this membrane in its walls. On fine sections we can see the endothelium lining the lumen. The adventitia is in direct continuation with the surrounding connective tissue. In the veins, however, we miss the membrane fenestrata, and it is only on the larger vessels that we can see any walls at all, except the adventitia. The veins are usually in a collapsed condition or else they may be held open by being filled with blood corpuscles. The nerve supply is not at all known, only the coarser branches having been followed, and the tactile corpuscles having been seen in the papilla. The finer distribution of the lymphatics is also unknown. On the inside of the prepuce, we are at once struck by the extreme thinness of the skin, especially of the epidermis. The general arrangement,

however, is the same as on the outside. The only difference that we see in the derma proper is a greater number of sebaceous glands, a total lack of sweat glands, and the lymph vessels are broader and spread out in wider meshes. There have been other glands described in this region, but as they are by no means constant, they will require no further mention. As on the outside of the prepuce, there are here no fat tissue and hair follicles. A very peculiar effect is given by the folds which are found in the region of the frænum, and the dipping down of the epithelial layer, apparently *into* the derma, due to the folding of the skin upon itself, may lead to error, as it gives very much the appearance of pathological gland tissue, or of a prolongation of epithelial tissue down into the connective tissue —a condition which does occur in the initial syphilitic sclerosis. As in the outside of the prepuce, the nerves and lymphatics are comparatively unknown in this region. The sebaceous glands are more numerous and more developed than elsewhere. The papillæ are well marked, though irregular in outline. Collecting on the inside of the prepuce we find a dirty white, foul smelling substance, the smegma, which is merely the normal secretion of the sebaceous glands, mixed with cast off epithelial cells. Drops and granules of fat are seen in this mass and are the product of the fatty degeneration of the epithelial and other cellular elements. After this necessarily short and concise review of the histological anatomy of the parts, we can pass into the consideration of the pathological changes produced in the above described tissues by the entrance and development of the syphilitic contagium. As the excision is never practiced until there is a certain degree of tumefaction and sclerosis, we can only conjecture what has taken place in the tissues prior to the operation. But our object will be merely to present the conditions just as they are found at the time of the excision, and not to advance theories as to the probable antecedents, about which we really know nothing at all, unless we reason by analogy existing between this process and simple inflammation.

PATHOLOGICAL ANATOMY.

In the development and absorption of the hard chancre, there are three distinct stages to be observed:

First, THE STAGE OF INFILTRATION.

Second, THE STAGE OF INDURATION.

Third and last, THE STAGE OF CICCATRIZATION AND ABSORPTION.

This classification is purely arbitrary, and made more for purpose of convenience of description, though it is of great clinical value when it becomes the basis for determining the time of the operation of excision. Practically, however, the first and second stages run into each other in such a manner, that on examination of a section we are often in doubt under which class to place the tumor in question. The first is never completed until the second has made considerable progress, as will be described further on. But the second and third are more defined, both as to time and the processes involved. The chancres coming into our hands for examination, presented two distinct conditions of the primary ulceration. In the one class they were healed over, and in the other the bases were still open and covered with a scanty dirty white thick, or thin serous exudation, and a considerable amount of tumefaction by infiltration had already taken place. We can say nothing positively as to the previous process, but it is highly probable that the infiltration had been going on from the time of the first ulceration, which is three or four weeks after the infection. That it had not been going on extensively previous to the development of the erosion-like ulcer, is attested by the fact that there was presented no tumefaction nor sclerosis previous to this event. Taking the three grades or stages, one after the other, and describing each separately, we will begin with

THE STAGE OF INFILTRATION.

In this stage we see absolutely nothing which would arouse our suspicion that we had to deal with anything of a specific nature, unless we take into consideration the history of the case—which is always unreliable. The tumor appears, microscopically, like a simple œdematous and infiltrated swelling of the skin, which might have arisen from a variety of causes, such as endo-arthritis, endo-phlebitis from external or internal injuries, or from simple inflammation. Still let us look at it more closely.

Beginning with the changes in the epithelium itself, as that is naturally the first portion which we examine, though perhaps not the first affected, we see a marked alteration. If the process has gone on favorably and regularly, the ulceration has already healed, and its surface is *again covered with epithelium*. There are no papillæ, and the surface is therefore perfectly flat, and it becomes a very interesting question, what is the origin of this new epithelium? The theory which appears to be the best founded and reasonable, is found in the fact that, after the first embryonic differentiation of the various cells and tissues, the proclivity is for a certain cell, when it generates other cells, is to give rise to those of the same class and variety as itself. That is to say, a connective tissue cell always produces connective tissue cells, and not epithelial or muscle cells. There are exceptions to this general law, but still the proneness towards similibus runs through the tissues.

This being the case, why should we seek an exception to the rule to find the origin of this new epithelial layer? It is not at all probable that it is the result of a metamorphosis of the underlying new connective tissue, which has resulted from the process of ciccatrization, but it has been probably produced from the epithelial cells already existing in the neighborhood, by simple division, and therefore comes from the sides of the ulcerated surface. An additional proof of this is to be found in the fact that in ordinary ulcers the process of healing proceeds from the margin, and it is always the central portion which remains longest open. And also this is the basis of the operation of skin grafting, so favorite among surgeons for indolent ulcers and large scalded or burned surfaces. Pieces of epithelium are ingrafted, and not of connective tissue, and we see the formation of a new epithelial covering, having these pieces as centres of development. So we have here a new epithelial layer, flat on its surface and in direct continuation with that of the surrounding parts. Just at the edges of the ulcer, we have the epithelium arranged over the papillæ of the derma, as was described in speaking of the histology of the prepuce; Auspitz and Unna lay great stress in describing the microscopic appearance of these chancres, on the fact that most of them have a depression on the top with seemingly elevated edges, and it is doubtless the seat of the former ulcer to which they refer. The depression being the natural result of the ulcerative process, which destroys tissues and which is not usually completely filled in by the newly formed tissue. But the epithelium has already changed in its general appearance. The individual cells have become swollen, granular and in many we see two, three or even more nuclei. This latter circumstance shows that a process of cell proliferations is going on. The consequence of this condition is, that the papillæ are squeezed together by their epithelial covering. Of course the upper layer of the epithelium is unchanged, but these appearances are to be seen in the middle and under stratas. The epithelial cells crowd down between the papillæ, giving them the appearance of being enormously hypertrophic and having the most extraordinary forms. As we near the edges of the tumor they become larger, longer and more sharply defined, as will be further noticed when we come to the consideration of the second stage, to which this appearance partly belongs, and then the reason will be given at length as to why they should reach a greater development at the margin. The papillæ, as above stated, are compressed and pressed apart

by the invading epithelium; but this is not all: Disseminated among the connective tissue bundles, forming the matrix or scaffolding, are the round non-nuclear granulation cells. Examined in the fresh state or in the hardened preparation, and colored with carmine, they present all the appearances of white blood corpuscles, lymph or inflammatory corpuscles, and they are probably nothing more than infiltrating leucocytes. Like the leucocytes, the whole cell body is colored an intense red by carmine. Young connective tissue cells are also to be distinguished in this layer, as in the whole thickness of the derma, and picro-carmine is the best coloring agent for their demonstration. They are differentiated from the older cells by their being more intensely stained by the re-agents. One fact that cannot escape our attention is that this round cell infiltration is the most marked in the region of the venous and arterial networks, previously alluded to. But this brings us to the derma and sub-derma. Here we see the same general condition as is presented by the papilla, with the addition of a well marked œdema, especially in the sub-dermal areolar tissue. In the region of the superior vascular network, we find the infiltration well marked, and, in fact, so complete that it is only with the greatest difficulty that we are enabled to distinguish the connective tissue elements. The same is also true of the lower network, except that there are spaces left between the connective tissue elements, which are kept open by the œdema or possibly by traction in cutting the section. In these spaces we often see connections of connective tissue bundles forming septa, and these spaces may have been filled with granulation cells, but having been swept away in the various processes in preparation, there remains nothing but young and old connective tissue cells. However, if this were the case, there would probably be some of these spaces still filled by the infiltration, which is quite rare, therefore we must conclude that the infiltration is confined to the immediate vicinity of the blood vessels. In the zone between these two planes of infiltration, we find a space comparatively free from it, and this corresponds to the space so poor in vascular supply. We can trace the vessels through it with the greatest facility, by the rows of granulation cells infiltrating the walls. On a cross section of one of these vessels (an artery), we find a hyperplasia of hypertrophied endothelial cells. The intima (mucosa) seems otherwise unaltered. The media (muscularis) and adventitia are the layers which have undergone the greatest changes. The fibers of the media are pressed apart by masses of granulation cells, and the whole layer is sometimes enormously thickened. The greater portion of the infiltration, however, is found in the adventitia, which is thickly studded with these cells, which gradually diminish in number as we go further away from the artery. The veins, distinguished by their thin walls, collapsed condition (or filled with blood), and absence of a muscularis, present the same infiltrated appearance. The conditions of the lymphatics and lymph spaces, nerves, and sweat glands, were not at all characteristic until the chancre had already passed into the second stage. But long before this cellular infiltration and cell generation is completed, we also have traces of induration making itself apparent to the sense of touch. As to the cause of this induration there are so many conflicting unsatisfactory theories, that we will not attempt to decide which is correct, but will leave it to the future, where we will assuredly have better means of carrying on the investigation. The next stage, that of induration, is the one which is characteristic, and so we will pass at once to its consideration.

FREE INCISION IN THE TREATMENT OF ABSCESS OF THE LIVER.—M. J. Rochard (*Le Prog. Med.*) prefers this treatment to that of the trocar and canula, since all the foreign matter cannot escape by the latter means. He performs the operation under the Lister Spray, and keeps the cavities freely washed out, thus removing all gangrenous débris. (T. M. S.)

OUR MATERIA MEDICA.*

BY ELDRIDGE C. PRICE, M. D., OF BALTIMORE, MD.

The subject of our discourse covers so large a field, that it is difficult to know where to enter upon its consideration.

Less than a century ago, in fact two or three decades past, an argument could hardly have been maintained upon this subject; but during this time we have been almost overwhelmed with symptomatologies, pathogenetic compilations, and clinical symptoms, affording material for endless controversy and debate.

Language was invented to disguise thoughts. The originator of this idea certainly approximated truth. It is evidently a serious difficulty, for a writer to perfectly explain his views upon our materia medica, judging from the character of the majority of the productions upon this subject; the general profession is rarely much the wiser for having read them. Recognizing this fact, I shall struggle to make our English vernacular convey my meaning as nearly as I may be able. I do not intend giving an exhaustive treatise upon this subject; neither will I criticise or even mention all existing works upon homœopathic materia medica; my purpose is to consider some of the main defects.

You know what is coming? have heard it all before? The subject, you think, is fraught with too much theory? You want something practical, something you can bring into your every-day work, and profit by it?

True, we do want hard, plain facts; but beneath all this is there no theory? Have we not, each one of us—even though we be a Tom Gradgrind—an individual theory of our own life—deep down in the inner dungeon of our heart, though it may be—that like the theme in a fugue is forever cropping out to tint the mere practical part with a harmonious blending of results?

No, my forthcoming statements are not theory; I will prove them to be facts:—*In all our literature, we have not one work that we can call a pure materia medica.*

Dr. Jno. E. James recognized this truth when he said: "No grander achievement could be expected from any one generation than the purification of our voluminous materia medica, sufficiently to render the prescription of every physician a certainty where cure or relief is at all possible."

Not a very satisfactory state of affairs to be expected from this fact. The fundamental groundwork being weak, a sure footing is impossible. How do we like *this* axiom? viz.:—*The more symptoms a man "masters" the fewer will be the number, proportionally, that he can trust.*

This reminds me of the man who when first a convert to homœopathy, was wont to prescribe nux vomica for everything, and always found indications; but when he increased his supply to twelve drugs, he rarely found any *one* indicated, being always uncertain what to prescribe.

No remedy has been thoroughly and perfectly proved; and no proving exists that does not contain an element of the prover's imagination.

To obtain a pure pathogenesis it is necessary to note only the drug symptoms.

At our last annual meeting, our then president stated that to make a pure proving every prover should, for at least two weeks prior to the proving, note carefully his symptoms, that he might be able to eliminate from among the symptoms occurring during the drug administration, those that were simply expressions of his normal condition.

The majority of people have certain idiosyncrasies of which they are not cognizant until their attention is called to the fact. If once familiar with it they dwell upon the defect—which may be irremediable—it will assume in their eyes immense proportions. To illustrate:

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* Read at the annual meeting of the Maryland Hom. Med. Soc., Nov. 10, 1880.

Prover X. is subject to frequent attacks of diarrhœa; while proving a remedy he has a recurrence of this trouble, and the condition is recorded in the pathogenesis, although no other prover had such a symptom. Prover Y. has chronic catarrh, and his pathogenesis is filled with catarrh symptoms.

Back-ache occurs in the pathogenesis of all the remedies proved by Dr. Burt. It is rather remarkable that Dr. Burt should have chanced to select a group of remedies all having a special affinity for the back. If we accept the provings at all we must accept this symptom.

These symptoms may not have been noticed by the various provers, until attention was turned to noting all symptoms and manifestations in their economy.

What herculean powers of intellect were Hering's! but the necessity of a really pure materia medica, seems never to have impressed him. One room in his house was lined with shelves, upon which were numbers of volumes, the result of his research; each volume contained the symptoms of but one drug. Hundreds of thousands of symptoms were stored away as the result of drug action.

We sigh at the thought of the valuable time wasted upon this painfully wrought but useless compilation. I do not mean to detract a grain of dignity from the greatness of Dr. Hering; he was conscientious; but as men may conscientiously labor in error, so I believe was this part of his work.

Allen's Encyclopedia is a monument of brain work; its arrangement is faultless, the type is perfect, and the binding an ornament to any library.

In this work sulphur is given 180 pages of symptoms, numbering over 4,000. It is true sulphur has a host of symptoms, but 4,000 is far beyond its measure. I will venture the assertion that the one-twentieth part of this will amply cover all the genuine symptoms of this drug. Again: *Remedies are not sufficiently verified before incorporation into standard works. Clinical and pathogenetic symptoms are indiscriminately given.*

I find in Lilienthal's Therapeutics, last edition, p. 91, cæsium recommended by Dr. Baruch for pain in the left testicle. There is no trustworthy proving of cæsium; then where did he get this symptom? It must be of clinical origin; and yet we find it without any distinctive mark, among other remedies purporting to have been "weighed in the balance" and not found wanting.

Is this the proper way to form an *homœopathic* materia medica?

According to p. 6 of the preface to Hahnemann's "Materia Medica Pura," edition of 1846, clinical symptoms are even incorporated in to this work. Of 411 symptoms of Belladonna, Hughes, in Vol. 31 of the *Brit. Jour. Hom.* proves 138 to be unreliable. He remarks: "One conclusion from these results seems indubitable, viz.: that this investigation must be without delay carried out for all Hahnemann's pathogeneses." . . . . "And if Belladonna furnishes an average example of his work, one-third of these, *i. e.*, one-fifteenth of the whole materia medica, needs some kind of modification."

Upon careful investigation Dr. Hughes speaks only that which he knows to be true; and this truth proves Hahnemann's Meteria Medica to be not the pure work its name implies. The pathogenesis of Belladonna being a criterion of the contents of the work, further examples are therefore unnecessary.

Drugs were given us by the Almighty to cure disease; He also gave us the ability to know when to administer them.

As we now find these drugs they are so covered up with symptoms that no living man can have the ability to understand each drug as his Creator intended. With our sublime law of cure, we can, if we will, produce such a materia medica as the world has never known. We *can* use the means God has given us to heal the sick, to the best and most perfect advantage; but we have not done it, and while we accept a drug proving with all "its imperfections on its head," it never will be done.

Another defect: *Primary and secondary symptoms are indiscriminately given.*

This arrangement is convenient; it allows a lazy man latitude; he prescribes as he pleases and with Allen as his text-book, his prescription will rarely be unauthorized. For example: We have two cases to study; one is sleepless and restless, there is copious, involuntary and painless diarrhœa, also moist, white tongue.

The other case is constipated, with pains in the abdomen; the patient is drowsy, cannot keep awake, and the tongue is dry and brown. These cases are as diametrically opposed as possible; no one would think of prescribing the same remedy for both; but Allen fully authorizes us to give arsenicum for both conditions.

Allen's work is not the only one in which such absurdities exist. Hull's Jahr contains some equally grave errors, e. g., is it likely that thirteen drugs in the materia medica have as symptoms both, agitated sleep and profound stupidity? or that four remedies should be indicated for the symptom "agreeable humor" and also for a condition of "melancholy gloominess?"

The antipodal conditions "gaiety" and "despair," likewise call for three remedies in common. *Primary and secondary symptoms should as far as possible be classified.*

I believe with Dr. Jousset of Paris, that a thorough knowledge of primary and secondary drug action will settle the potency question.

This mention of potency brings me to another fallacy that has crept into our materia medica! I mean the extremely high potencies; those that claim to be tens of thousands of degrees above our reliable thirtieths.

From whence come they? In what laboratory are they developed?

There is no perfectly prepared potency of the 100,000*th degree.*

Time is an element not to be overlooked in attenuating a drug to such an extent; let us see how long it will take under the most favorable circumstances. Having everything in readiness, a vial marked with an index to 100 drops, and the hydrant close at hand, we begin: Put one drop of the tincture to be potentized into the vial and immediately fill to the mark with water; this we give at least ten strong shakes to thoroughly bring all the molecules of water into contact with those of the tincture. This being done we have a typical first centesimal potency. We now empty our vial with the exception of one drop which we allow to remain; now look at our watch and we have been just twenty seconds. At this unusually rapid rate we can average three potencies in one minute, 180 in one hour, 4,320 in twenty-four hours and 30,240 in one week; by the time the 100,000th potency is obtained, we will have labored unceasingly without food or sleep, 23 days, 3 hours, 25 minutes. If we deduct 8 hours from the 24 for eating and sleeping, *i. e.*, six and one-half hours for sleeping, and one and one-half hour for eating, it will take just 34 days, 17 hours and 6 minutes to accomplish the task. This is the quickest and most accurate way to potentize; no machine acts so rapidly.

The fluxion potencies are not *potencies* at all; they are simply dilutions, and amount to nothing more than a few grades above the first.

The only instrument that approximates a potentizer is an apparatus invented by Dr. Martin Deschere, of New York; but this too lacks the friction element and is therefore impotent.

Hahnemann taught us the only true way to potentize. We have seen what labor and time are required to make the 100,000th potency; now how many drugs, think you, have reached this attenuation?

Jenichen, you say, potentized properly, and made some very high potencies. Well, no; I must differ. He believed he did, and so great was his faith that numbers believed in him; but unfortunately for this house-

hold god of the profession, his remedies were a myth. His reign is ended, his niche is vacant. He attenuated the dried surfaces of vials whose corks were shrivelled up from long absence of moisture. He was honest in his convictions, but his fundamental hypothesis was in error, *i. e.*, there was nothing in the vials to potentize.* Jenichen was a fanatic.

From a knowledge of the state of our materia medica we unavoidably draw the conclusion that a reform is needed; the materia medica sadly needs purging of its manifold imperfections.

It is not remarkable that in some cases we find palliation a dire necessity. We should, of course, even with such a materia medica strive to become so familiar with the action of drugs that we may always be ready to apply them to our cases homœopathically; but if we are not sufficiently prepared in all cases, we are not to sit idly by and refuse to palliate because we cannot cure. Do all in our power to cure, do not stop short of this, but if that cannot be done do the next best thing, palliate, relieve temporarily. Every conscientious physician must do this, be he homœopathic or not, or he neglects his duty,

This is dangerous doctrine I know, something like playing with two-edged swords—children or fools are apt to cut their fingers.

A conscientious homœopathic physician will find it necessary to resort to palliation only in the direst extremity imaginable; *then* I trust not one of us would refuse to take the sufferer from the rack of pain to give one moments' rest ere he awakes in Eternity. With our perfect law of cure we should *never* find it necessary to avail ourselves of this *dernier resort*, if our materia medica were perfect.

We cannot *trust* such a mass of untrustworthy evidence possessed in our materia medica. Even Gilchrist and Allen confuse drug identity.† Whom are we to take as authority? what are we to do?

These are hard questions to answer, but there are some things we can do: 1st, *Discourage the publication of all reports of provings, unless verified at least a dozen times.* 2d, *Criticise such provings when they do appear.* 3d, *Use no remedies but those you have reason to believe have been the most carefully proved of any we possess.* 4th, *Establish a college of provers.*

Dr. J. P. Dake originated this idea, and he is only waiting for the sympathy and united action of the profession to consummate the project. Money will be needed to establish this institution, but consider how worthy the object. This is a charity indeed! Contributions to such a fund will be capital well invested. Our bread cast upon the waters—if we so count it—will return after many days, not only to us but to our posterity and to the great army of the unhealed down through all time.

Have we of these United States enough enterprise, professional zeal and philanthropy, to make a college of provers a living reality? We trust this problem to the near future for its solution.

*Vide Brit. Jour. Hom. for January 1880, p. 66.
† Vide Nux vomica and Angustura.

EXHALATION OF CARBONIC ACID GAS—M. Grehant (*Le Prog. Med.*) in order to test the quantity of gas exhaled during pulmonary disease, performed the following experiment: he produced in a dog an artificial bronchitis by forcing it to inhale the vapors of sulphurous acid gas. This bronchitis lasted from 8 to 15 days. As soon as the diseased condition was established, the quantity of carbonic acid gas exhaled, varied in a marked manner. Thus in the normal condition, 50 litres of exhaled air contained 3. 1 gr. of carbonic acid gas; but during the experiment only 2 gr. of the gas was found in the same quantity of air. There was consequently a diminution of a little more than one-third in the quantity of the gas. On the recovery of the animal the normal quantity returned. (T. M. S.)

TO "E. N. E." OF BALTIMORE, MD.

BY H. W. TAYLOR, M.D., CRAWFORDSVILLE, IND.

In reply to your fair criticism of my article on the "Secession," I must adhere to my statement that there are but two factions in our School—the followers of Hahnemann and the followers of Lutze—those who believe in the drug *per se*, and those who believe in the "spirit" that is to be shaken out of (or into) the drug.

Lutze pretended to believe that his succussions imparted an entirely new element or property to the drug. The dynamites of to-day believe, or pretend to believe, that the "spirit" of the drug is the only curative element—if a "spirit" may be called an element—and this spirit can be called up only by prolonged bottle-washings. Hahnemann did not believe this; Hahnemann did not teach this. He taught just the opposite doctrine in the strongest possible language.

"Actual *dilutions*," he says, "are almost wholly confined to sapid and colored objects. A solution of salt or bitter substances becomes *always* more tasteless the more water is mixed with it, and at length loses almost all taste, *though we shake it as much* as we please; and in like manner a solution of a colored substance becomes by the admixture of more and more water at last almost quite colorless, and *gains no increase* of color by any imaginable shaking."

"These are, and continue to be, the true attenuations or dilutions, *but not* dynamizations."

"Homœopathic *dynamizations* are real awakenings of the MEDICINAL PROPERTIES, that lie dormant in natural bodies during their crude state."

Hering, who was a relentless enemy of Materialism, appended these remarkable foot-notes to the fourth American edition of the "Organon," as Hahnemann's "latest recorded notions of dynamization." And "it will thus be seen," Hering says, "that in his later years he modified *considerably* the opinions he has in *various places throughout* the 'Organon' expressed on the subject."

"Dynamization," then, as defined by Hahnemann in his later years, "is an awakening of the *medicinal properties* that lie dormant in drugs during their crude state." Nobody objects to this—save the "Internationals." Nothing is more firmly fixed in my mind than the fact that the best-known method of avoiding the toxicological effect of a drug, and of utilizing *only* its *medicinal* effects proper, is to have such drug prepared after the pharmacology of Hahnemann.

But I insist that in the sciences of medicine we do not need so vague and obscure a word as "Dynamic." It is bad in its application to therapeutic processes. Physiology and toxicology enable us to know that, in fact, drugs exert no *power* in the body. Like all other assimilable material, they bring about certain alterations of function and structure. The human body itself is the "dynamic" factor in the problem. The drug is simply material upon which the vital organism exerts power. The assimilation of such drug brings about alterations of structure and function—changing conditions of disease to those of health.

Hahnemann's translators used the word "dynamic" somewhat recklessly. Thus, on page 35 of the "Organon," Hahnemann is made to say that "diseases are dynamic aberrations which our spiritual existence undergoes in its mode of feeling and acting—that is to say, immaterial changes in the state of health."

The pathologist who would enunciate such a doctrine as is here inferable, would be laughed to scorn in this day of the microscope. Morbid anatomy has proven that disease is anything but an "immaterial change in the state of health." In fact, it has gone so far as to make the inference reasonable that each and every disease is accompanied by some departure from the normal *structure* in the fluids or solids of some of the tissues.

Hahnemann simply used the words "dynamic" and "spiritual" in a qualified sense. He was inveighing against the prevalent absurdity of evacuating "peccans-humors" from the body as a means of cure. Thus, he speaks of the "dynamic inflammatory irritation" of certain tissues. Of vomiting from indigestion, as a "gastric affection, of dynamic origin" [Page 80, "Organon."]

I observe that the word "dynamic" occurs in parenthesis very often in Hering's edition of the "Organon." Whether it was not a pet word of the translator is a question for the bibliographer.

But we have Hahnemann's own dictum as to the limit of *smallness* of the dose. Section 279 of the "Organon" reads in part thus: "The dose of the homœopathic remedy can never be sufficiently small, so as to be inferior to the power of the natural disease, which it can, at least, partially extinguish and cure, *provided it be capable of producing only a small increase of symptoms immediately after it is administered.*" This direction for ascertaining the size of the proper dose was an axiom with Hahnemann. It constitutes the much-debated "homœopathic-aggravation." Hahnemann accepted it as his guide to the dose. Can we do less in safety? And if, my dear doctor, upon administering the 3d centesimal in any given case I do not perceive the "aggravation," does not Hahnemann enjoin upon me the trial of a dose sufficiently large to produce that aggravation?

These remarks may be said to be out of point, but they naturally form a part of the argument as to what Hahnemann considered as the "limit of drug attenuation." It also infringes upon the "Dynamic" theory, as expounded by "E. N. E." There is no conflict of opinion between "E. N. E." and us who are avowed materialists. "E. N. E." does not believe in a "spirit" of a drug, in the sense used by the Internationals. Hahnemann's explanation of dynamization is one acceptable to all of us—save the Seceders—viz.: that "Dynamization is a real awakening of the medical properties that lie dormant in drugs in their crude state." He means that in their crude state they are poisons solely. Trituration awakens the "medicinal properties."

The use of the 30th must depend upon individual experience. Out of many trials they have uniformly, nay invariably, failed for *me*. I concede to you, my dear doctor, perfect credibility, but I insist, as a Hahnemannian speaking to a brother Hahnemannian, that you must subject your 30ths to Hahnemann's inflexible rule. "Almost immediately" it *must* produce a "slight increase of symptoms." We will be safe if we follow this Golden Rule. And we must take heed that we do not confound the common progressive intensification of the symptoms of the disease with such medicinal aggravation. Hahnemann tells us that it comes quickly and goes as quickly. It must form a sudden cone in the upward incline of the disease wave. It must show that an ephemeral drug disease has been superadded to the original disease. Let us follow conscienciously this direction, this finger-board of the master, and we will never depart from the path that leads straight to the proper dose.

INFLUENCE OF BROMIDE OF ETHYL ON PLANTS.—*Bromohydric ether* (*Le Prog. Med.*) has no action upon grains which are not in a state of germination, but it destroys in two hours plants surrounded by an atmosphere saturated with its vapors; the leaves turn black, but the flowers preserve their colors. A plant subject, during the same time and under the same conditions, to the action of *Sulphuric ether* does not die. There is here a confirmation of the general law which M. Rabuteau has announced, viz.: that the *Alcohols* and *Ethers* are so much the more poisonous according as their molecular weight is increased. (T. M. S.)

CLINIQUE.

HOMŒOPATHIC HOSPITAL, W. I.

REPORTED BY W. A. DEWEY, M.D., HOUSE PHYSICIAN.

DIAGNOSIS.—TRAUMATIC ERYSIPELAS OF FOREARM, COMPLICATED WITH MANIA-A-POTU, FOLLOWED BY ACUTE DESQUAMATIVE NEPHRITIS, AND ACUTE BRONCHITIS:

J. S., aged 42. Admitted to hospital Nov. 11, 1880, showing the effects of intoxication, with the following history:

Previous health good; has, however, had several attacks of erysipelas. Denies any specific taint. Has been a hard drinker all his life, which is clearly shown by his present condition. Three or four days ago patient was on a spree, and, probably, bruised his left forearm; two days ago he began to feel general malaise, some rheumatoid pains, and slight headache; soon came a slight chill, with nausea and some vomiting—this was followed by a redness and swelling of the left forearm. The patient, on admission, is in a semi-delirious state—starts suddenly at any noise, jar, or touch. The swelling is bright red, and extends from the elbow to the tips of the fingers on the exterior surface; his sleep, which is mere dozing, is disturbed with startings and crying out; he complains of being sleepy, but for some reason he cannot sleep; pupils dilated; face somewhat flushed; tongue red and clean; anorexia; thirst excessive, bowels normal; urine scanty and high-colored. Pulse 100, full and strong. Temperature in mouth 103°; at inflamed surface, 97½.° Respiration 24. He complains of throbbing of the arm with soreness. Body feels very hot to touch, and, on uncovering, the heat seems to steam out; his feet are cold; head warm, with sweating of the body at times. ℞ *Bell.* 3.

Nov. 13, P.M. Patient was taken with violent delirium; imagines himself somewhere else, hears voices, and has hallucinations of vision; is constantly muttering to himself; throws the bedclothes off, and desires to get away. His arm is still swollen, and on posterior aspect there is a tendency to suppuration; his tongue trembles when protruded, and his body is in a constant state of tremor; he is unable to sleep. Temperature 102°. A special watch was placed over him. ℞ *Hyos.* 3.

Nov. 14. Still in about the same condition. No sleep as yet. ℞ same.

Nov. 16. Patient is much better, having slept considerably during the past night. Swelling of arm much less. A small abscess had formed on posterior aspect of forearm, which was opened, and a considerable quantity of unhealthy pus exuded.

By visiting physician. ℞ *Silic.* 30.

Nov. 25. Arm much increased in size, discharge scanty and unhealthy. Complains of throbbing pain in arm. Has a great dread of cold air, and complains of a headache in the temporal region. ℞ *Hepar* 3.

Nov. 26. Patient's face greatly swollen; puffiness under eyelids; his feet and legs are very much swollen, and œdematous, and of a waxy color; has also a slight cough, without much expectoration. Temperature 102°. Examination of urine gives the following result: Quantity in 24 hours, 24 oz.; color normal, also odor and transparency; neutral reaction; specific gravity, 1019; no sediment; albumen, 1 to 2½, diminished chlorides; other constituents normal. ℞ same.

Nov. 27. Swelling somewhat less about face. Cough increasing, with white, watery, scanty expectoration. Still complains of headache. Temperature 100°. ℞ same.

Nov. 28. Microscopic examination of urine shows numerous tube casts. Marked œdema of lower extremities; face bluish, and breathing somewhat hurried. Physical examination shows large mucus râles all over chest, muffling of heart sounds; right side, posteriorly, at base, shows dullness and absence of respiratory murmur, cough, with profuse expectoration of frothy mucus. Heart sounds normal, though movements feeble. Temperature 100°. ℞ *Ant. Tart.* 30.

Nov 30. Swelling of extremities nearly all subsided. Patient's cough is much better. Complains of a pain in right chest on deep inspiration; still has a dull frontal headache. Temperature normal.

By visiting physician—℞ *Bry.* 3.

Dec. 6. Swelling completely subsided. Physical examination of lungs shows the sounds returning to their normal condition. The number of râles have so diminished that only a few are heard. Resonance on percussion is returning at base and posterior aspect of right lung; cough is much improved; patient has no pain or headache. Wound of arm has all healed up, and he was discharged cured on the 13th.

DIAGNOSIS—TRAUMATIC ERYSIPELAS OF LEG, COMPLICATED BY MANIA-A-POTU.

J. M., aged 35. Admitted Dec. 8, 1880. Has been addicted to excess in drink for many years, and for some weeks has been drinking very hard. He has a history of gonorrhœa and chancres. He has an ulcer on the inner surface of his left leg, about the lower third. He had an attack of erysipelas some five years ago. Present attack came on two days ago. It began with a slight chill followed by heat, general malaise, drowsiness, with inability to sleep, dull frontal headache, aching in the lumbar region, and pains in the limbs. The next day his leg commenced to swell, and became painful. On admission the parts present the following appearance: Ulcer dry, of a bright red color, showing a tendency to radiate in streaks, the redness being limited by a distinct border. The leg is swollen to about twice the size of the other. He complains of a deep-seated throbbing in the limb, with burning, and great sensitiveness to the slightest touch or jar; his head is hot, but he complains of no headache; his body feels hot, tongue is dry, slightly coated and somewhat tremulous; thirst; anorexia; occasionally starts as if frightened. Patient dreads the cold and wants to keep covered; pupils dilated. Temperature 102°. Pulse 100. Respiration 32. Locally, flaxseed poultice. ℞ *Bell.* 3.

Dec. 9. The inflammation about the leg is looking somewhat better, but the patient is very delirious—occasionally he sees animals; he is constantly picking at the bedclothes, and, unless watched, gets up and tries to go out of the room; he is continually muttering to himself, and imagines himself in other places. Temperature 101°. Pulse 76. Respiration 32. ℞ *Hyos.* 3.

Dec. 10. Still in about the same condition. Tongue very tremulous; has not slept any, although he says he has slept well. Pulse slow—compressible, 90. Temperature 98⅕°. Respiration 30. ℞ same.

Dec 11. In same condition A large slough is beginning to form on leg. He imagines to-day that some one is in bed with him—is very loquacious. Temperature 99°. Pulse 96. Respiration 32. ℞ same.

Dec. 12. Patient very much improved; slept about seven hours last night, is quite rational this morning; swelling and redness of leg has disappeared in a great measure; the slough on the ulcer has come away, and there is a profuse discharge of healthy pus. Respiration 26 Temperature 101°. Pulse 80. Continued poultice. ℞ *Hyos.* 3.

Dec. 14. Redness and swelling wholly disappeared; ulcer discharging healthy pus. Temperature and pulse normal. ℞ same.

Dec. 18. Transferred to surgical ward for treatment of ulcer. Cured of erysipelas.

DIAGNOSIS—TRAUMATIC ERYSIPELAS OF SCROTUM.

C. M., aged 60. Admitted to hospital Oct. 24, 1880. In consequence of an injury received three months ago, a hydrocele developed on the right side; was tapped; the sac immediately filled up again, and a second operation was performed, consisting of the withdrawal of the fluid, and injection of tincture of iodine into the sac. The inflammation which succeeded this operation resulted in an abscess, followed by swelling, tension, and redness, involving the entire scrotum.

On admission to hospital, his temperature was 101°; pulse 92; skin hot and dry; tongue coated white. He complained of a dull frontal headache, thirst, anorexia, backache; sleep restless, with occasional startings. His urine was scanty and high colored. The scrotum was swollen to about the size of an infant's head, and was red and shiny. At point of puncture a small slough was beginning to form; the discharge from the wound was scanty and offensive.

Treatment—*Bell.* 3 and flaxseed poultice.

Oct. 26. Slough had increased in size, and was removed; swelling nearly subsided. Temperature slightly above normal. Treatment continued.

Nov. 1. Pulse and temperature normal. Discharge from wound had ceased. Discontinued poultice, and dressed wound with balsam cerate.

Nov 9. Wound all healed and patient discharged cured.

DIAG.—TRAUMATIC ERYSIPELAS OF SCALP AND FACE.

W. P., aged 30. Admitted Nov. 6, 1880. Has been a healthy man all his life, although irregular in his habits. Ten days ago, while in a drunken row, he was struck on the left parietal eminence with a saw, receiving a wound 1½ inches long, involving the deeper tissue of the scalp. The wound was dressed in Chambers St. Hospital, but did not heal kindly, the discharge continuing for a week. Three days ago he began to feel malaise, backache, headache, anorexia, etc. After a slight chill, redness and swelling appeared behind the right ear, spreading thence down over the face and forehead, closing the right eye completely. On admission to hospital, patient presented the following condition: Dark redness, swelling and œdema of right cheek, orbit, and forehead: right eye closed entirely; wound on scalp dry and unhealthy looking, edges soft and spongy. Pulse 80, full and strong. Temperature 102°. Skin dry and hot, with occasional hot sweats; tongue large and flabby, showing imprint of teeth, white, with cracks, and red edges; thirst, frequent, but satisfied with a sip; appetite fair; bowels constipated, no desire for passage. Patient complains of a tearing headache on vertex, stiffness of muscles of neck, soreness and tenderness over the eruption, and occasional pains in the small of the back and joints, which are relieved by warmth and aggravated by cold and damp. ℞ *Rhus* 3. Balsam cerate externally.

Nov. 8. Temperature 100°. Pulse 64. Swelling much decreased. His eye is now open; the wound presents a more healthy condition. ℞ same.

Nov. 10. Desquamation of surface has begun; swelling all gone. Pulse and temperature normal.

Nov. 13. Desquamation completed, wound healed up, and discharged cured.

DIAGNOSIS—TRAUMATIC ERYSIPELAS OF FOREARM.

E. N., aged 28 (transferred from surgical ward), Oct. 25, 1880. About one week ago was bitten by a man in a barroom row, on flexor surface of left forearm, about the lower third. In a couple of days the wound began to discharge freely; it swelled up to a large size, and became painful; soon a red blush overspread the parts, extending above the elbow, and was bounded by a distinct line of demarcation. The pain in the arm is dull-aching in character; he complains of no pain elsewhere, with the exception of dull headache, with some vertigo. Tongue was red at the edges, and covered with a thin white coat; skin dry and hot; sleep good; appetite good; bowels slightly constipated; urine scanty and high colored. Pulse 90, full and strong. Temperature 102°. Face flushed, and pupils dilated. Flaxseed poultice to wound. ℞ *Bell.* 3.

Oct. 27. Discharge from wound profuse. Redness of arm very much decreased. Pulse normal. Temperature slightly raised. ℞ same.

Nov. 2. Redness all disappeared; discharge from wound stopped, and it presents a healthy, granulating surface. Temperature normal.

Re-transferred to surgical ward, cured of erysipelas.

The Homœopathic Times.

A MONTHLY JOURNAL

Of Medicine, Surgery, and Collateral Sciences.

EDITORS:

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Published on the First of each month.

Office, 18 West Twenty-third Street, New York.

NEW YORK, JANUARY, 1881.

"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

1881.

To all its friends, THE TIMES extends the cordial greetings of the New Year, with the fervent hope that the sunshine and happiness which they bring in their daily work to so many homes, may be reflected back on their own lives, in the consciousness of work well done, increased property, and the joy and happiness of their own firesides. For each and all, we trust, the dying year has wiped out all animosities, and the coming year will bring the rich reward of earnest, honest work, and well-spent lives.

PHYSIOLOGICAL ANTAGONISM BETWEEN MEDICINES AND BETWEEN REMEDIES AND DISEASES.

The Cartwright lectureship was filled this year by Dr. Robert Bartholow. The position of Dr. Bartholow in the scientific world, and the nature of the subjects discussed in his lectures, naturally attracted a large audience of thinking men, who listened to him with the closest attention. The doctrine of Contraria, he said, which was a twin aphorism with Similia of Hippocrates, through the dogmatism of Galen and his pupils, ruled the medical world as with a rod of iron, till the sixteenth century, when it was finally overthrown, vanishing in smoke when Paracelsus burned the works of Galen and Avicenna. Stepping lightly over Paracelsus, who proclaimed Similia when he burned the works of Galen and Avicenna as the true therapeutic law, and Hahnemann, who by his practical investigations gave a living working power to the law, making it the corner stone of a new therapeutics, he speaks of the Materia Medica as having no claim to science and of therapeutics as being in a chaotic condition until the modern physiological investigation was inaugurated by Bichat, who died in 1808. Following Bichat, Magendie was the first to engage in a scientific, physiological and therapeutic research. His first experiment in regard to the new alkaloid strychnia was the discovery of the physiological antagonism between strychnia and paralysis. It was prescribed with a definite and scientific view after Magendie had pointed out its exact physiological action, and the results proved how correct were the deductions concerning its therapeutic value, which he based upon the physiological action.

In other words, Dr. Bartholow gives to the aphorism of Similia of Hippocrates, which Paracelsus and Hahnemann accepted and announced as a therapeutic law, the name of physiological antagonism, and accept it as a therapeutic law.

You are quite right, Dr. Bartholow, in saying that, guided by the physiological action of strychnia upon the spinal cord, the proper administration of the drug, in certain forms of paralysis, is no longer empirical but strictly scientific. The primary action of the drug is a guide to the antagonism to the disease or its curative action. We join hands at last and strike the same keynote.

The antagonism between opium and belladonna is illustrated, as is that between atropia and physostigma, chloral and strychnia, aconite and digitalis. No study of a medicinal agent is complete until its antagonisms have been determined, not only with disease but with other agents.

Dr. Bartholow very beautifully illustrated the fact that the doctrine of physiological antagonisms found its counterpart in the mechanism of the functions of the brain and nervous system. Thus in the brain there are centres for the inhibition of reflex action, and reflex action is interfered with when accidental opposing impressions arise from different points. In this way singultus may be checked by the application of a strong faradic current. In the medulla oblongata, there is a centre of extreme sensibility and above it a spasm centre; if there were not this check upon the latter the most violent effects would be produced. Hence the abnormal readiness to react when the influence of the cerebrum is withdrawn. In the same way the vascular tone in the heart is maintained at the normal by the action of antagonistic influences. The same principle obtains in the world of physics. If two waves of light of equal altitude, advancing from opposite directions, meet at half the distance of their respective elevations and depressions, so that the crest of one corresponds to the bottom of the other, both are obliterated and the result is darkness; and if two equal waves of sound meet under similar circumstances, the result is silence. In the same way, when two bodies of equal weight and momentum come together, both are arrested at the point of impact. So in electricity, when the positive and negative elements are equal, an exact equilibrium is maintained; and in chemistry, too, the great principle is the same.

From this reasoning we can readily deduct the fact that to the physiological condition of the system in disease, as revealed to us by symptoms and careful pathological study, we must oppose that agent whose physiological action, as proved by careful experiments on the living organism, is in direct antagonism to the disease. As experience proves that the susceptibility of an organ

to antagonistic influences is increased by disease, the amount of opposing force must vary with individual temperaments, and intensity of disease, and therefore must, in a measure, be left to the judgment and general knowledge of the practitioner in each individual case.

Dr. Bartholow evidently does not think there is any special similarity between his principle of antagonisms and the law of similars; for he says "no similitude in the action of a remedy and the symptoms of a disease can be greater than exists in the case of strychnia and tetanus; a similitude which extends even to their behavior under the influence of opposing remedies. If tetanus were cured by strychnia it would afford an excellent illustration of the doctrine of similars, but as it is not, it serves as a striking illustration of the fallacies of this ancient doctrine." Our author takes, it seems to us, altogether too superficial a view of the physiological action of a drug and the pathological condition of the system. Symptoms alone are not by any means sufficient for an accurate diagnosis. A knowledge of pathological changes and a general history of the patient is all important as a guide to a correct understanding of symptoms. Our author would hardly insist that tetanic convulsions always arise from the same cause, and that the same pathological conditions always prevail where they exist, and his argument has no more force than it would if he insisted that because ipecac would not relieve every case of nausea, no matter what the cause, its use was never indicated by the law of similars.

Our author admits that the physiological action of a drug is essential as a guide to its curative action. That curative action he calls the antagonism of the drug to the disease. Precisely the nature of this antagonism neither he nor any one else has been able to explain. The curative action of drugs still remains a mystery, but we must take facts as we find them, even if we do not fully understand the manner in which they are worked out. We do not like what seems to us a new name for an old principle half as well in its new dress as it stands in the old aphorism of Hippocrates, and in the comprehensive formula of Hahnemann, *similia similibus curantur*.

We are confident that a more careful examination and comparison of the physiological action of drugs with the conditions of disease revealed by its pathology and symptoms, will enable the earnest, careful thinker to recognize in the law of similars a scientific guide to a curative drug action, and we are glad that men like Bartholow and Ringer and a host of others of their colleagues are seeing the necessity of some law in therapeutics, and are gradually getting on the right track. We will not quarrel about terms, for a rose is still a rose and will smell as sweet though called by any other name.

DR. C. B. CURRIER, late of this city, after sojourning in various localities, has completely recovered his health, and has located at 312 Ellis St., San Francisco, Cal. Our friends will do well to bear him in mind in referring patients.

SUBSCRIBERS remitting us their dues for the next volume, which will commence with April, before that date, will be presented with a handsome and convenient self-binder, suitably inscribed. Subscribers in arrears will please oblige us with remittances.

ADULTERATION OF FOOD AND DRUGS.

The National Board of Trade is probably one of the most influential trade organizations in the world. It is made up of delegates from all the principal Chambers of Commerce and Boards of Trade in the United States, and its opinions and acts naturally have great weight with the public. At its meeting in Washington, December, 1879, one of its members offered to place $1,000 at the disposal of the Executive Council of this Board, for a prize for the best act, accompanied by an essay, designed to prevent injurious adulterations, and regulate the sale of foods without imposing unnecessary burdens on commerce. The offer was accepted. The first prize of $500 was awarded to G. W. Wigner, F. C. S., London; the second prize of $300 to Vernon M. Davis, of New York; and the third prize of $200 to William H. Newell, M. D., of Jersey City. The Committee of Experts, who made the award, and who prepared the bill to be submitted to Congress, consisted of John S. Billings, M. D., Surgeon U. S. A., Vice President of the National Board of Health; Prof. Charles F. Chandler, President of the New York Board of Health; the Hon. B. Williamson, ex-Chancellor of New Jersey; and A. H. Hardy, Esq., of Boston. In the committee are included the sanitarian, the health officer, the chemist, jurist, and merchant, whose varied experience and special knowledge have been of obvious advantage in the treatment of the subject. The report of this committee, and the act which has been drawn up under their direction to present to Congress, have been accepted by the National Board of Trade. The act forbids any person under the jurisdiction of the United States manufacturing or offering for sale food or drugs adulterated within the meaning of the act; and also the transportation of any food or drug so adulterated from foreign countries, or from one State or territory to another, and provides for the detection and punishment of the guilty parties. The National Board of Health is required to have examined specimens of food collected under its directions in various parts of the country, and publish in its weekly bulletin the results of such analyses.

We are glad that so influential a body as the National Board of Trade has taken up this matter, which concerns the health of every individual, and are dealing with it solely from the standpoint of public health, and in such a way as to impose no needless restrictions upon commerce. We have no doubt the committee to whom has been intrusted the care of this act, will be glad, through its chairman, Mr. H. C. Meyer, 48 Cliff street, to give any information in its power, and also to receive any suggestions the public may desire to make in perfecting the law.

DR. A. P. WILLIAMSON, Chief of Staff, reports that there were treated at the Homœopathic Hospital, W. I., during the year 1880, 4,231 patients, with a mortality of 5.22%. 779 more patients were treated than during the previous year. The Chief reports many improvements in the condition of the institution, and makes important suggestions for the future, which we hope the Commissioners will feel warranted in affording.

OVER-FEEDING.

It would be an interesting exercise for any intelligent man or woman to think over, on Saturday evening, the variety and quantity of food and drink taken into the stomach during the week. It would be a very good preparatory exercise for the Sabbath, and might possibly lead to the conviction that a great many of the diseases of the public in general, and the morbid and illogical thoughts of speakers and teachers, especially the clergy in their sermons, statesmen in their public speeches, editors in their sanctums, and wise doctors in their society councils, are due in many cases to over-feeding and defective nutrition.

In the days of our fathers, no matter how much a person had gorged himself in health, he must submit to a starvation diet when sick. Within the past few years, the pendulum sweeps to the other extreme, and now the doctrine is, support the system not only with the ordinary forms of food, but the so-called active tonics and alcoholic stimulants. The result is, in scores of cases, patients die where there has been a slight disturbance of the system at first, simply because, in the progress of the case, they are over-fed and over-stimulated. As an illustration: We were recently called to a little child, nineteen months of age, attacked a week before with bronchitis. A cough mixture was given by one of the most eminent physicians in the city, composed of squills, syrup of almonds and opium. The cough speedily ceased, but the child became stupid, passing most of the time in sleep. It was dreaded the brain was diseased, and another eminent man was called in, who confirmed the diagnosis, and the two proceeded to support the child by giving it beef juice by stomach and anus, milk in abundance, thirty drops of brandy every three hours and a liberal supply of quinine; its bowels were constipated, and vomiting was frequent. Our first step was to stop brandy, beef juice, quinine and other drugs, and put it upon small quantities of milk and lime water; in two or three days the stupor and vomiting ceased, the cough returned, and a reaction from the constipation followed in the form of diarrhœa. The child is now well—saved, we believe, by discontinuing drugs, indigestible food and stimulants, which were rapidly sending it to the grave.

In the early history of homœopathy in this city some of the most brilliant cures were due less to the action of medicines given, than to the discontinuance of violent drugging and injudicious feeding.

The kind and quantity of food and stimulants should be as carefully studied as the medicines administered. The system cannot well be supported by forcing into it food in such quality and quantity that it only serves to irritate or depress, and by giving stimulants which are not absolutely required. Beef tea is considered by many as admissible in all cases to keep up the strength, and yet in more than one case we have found in the urine the presence of albuminous substance, easily coagulated by nitric acid, precisely similar to the albuminous substance found in the beef tea, which had been taken in large quantities. Dr. Bruntor, from similar observation, thinks that in many cases the administration of beef tea, a nutrient and stimulant which could not readily be replaced by any other, like alcoholic stimulants, may be overdone and the patient weakened instead of strengthened. In many cases of nervous depression, he says, we find a feeling of weakness and prostration coming on during digestion, and becoming so very marked about the second hour after a meal has been taken, and at the very time when absorption is going on, that we can hardly do otherwise than ascribe it to actual poisoning by digestive products absorbed into the circulation. From the observation of a number of such cases, he came to the conclusion that the languor and faintness of which many patients complained, and which occurred about eleven and four o'clock, was due to the actual poisoning by the products of digestion of breakfast and lunch. From actual experiments he thinks there is no doubt that the normal products of digestion are poisons of no inconsiderable power, and that if they reach the general circulation in large quantities, they may produce very alarming if not dangerous symptoms, and also that in the healthy condition of the intestines, peptones do not pass into the circulation and are therefore unable to exert any poisonous action upon the nerve centres.

These experiments open a wide field of thought and show clearly that many serious troubles arise and are kept up by the mistaken idea that strong nutriments and stimulants are in all cases necessary to support the strength. The trouble may have arisen from undue stimulating the organs of digestion and the introduction of poisons into the system in the form of food. Give the organs partial rest or set them to work only upon those materials which the system absolutely requires, and in many cases the trouble ceases. As a general thing we eat too much and with too little regard to the absolute needs of the system.

THE N. Y. COUNTY SOCIETY.

The County Homœopathic Society has been shamefully declining in activity for the past two years, largely in consequence of the disaffection of a portion of its membership and partly on account of laziness of the other portion. Both of these elements tended to lessen the interest of the usual attendants, and hence the meetings, especially for the last year, have been very sparsely attended, and as no particular effort was made to make the sessions interesting, the transactions have been of little interest to the profession.

The Society has now enrolled some two hundred so-called active members, and yet, rarely more than twenty can be attracted to its monthly gatherings! You say, "Make your meetings worth attending, and we will come!" Yes, but that is as much *your* duty as mine, and neither should fail in that.

Let us agree, then, to go to work; make the Society worthy our membership, and its meetings so interesting that the time thus spent may not be looked upon as lost.

We ought to go to work *at once*, in the *proper spirit*, revising the antiquated Constitution and By-Laws. The letter of its text is in contradiction to the spirit of a large majority of its members, many of whom feel keenly the position in which it places them before the community.

Is it right for the Society to thus embarrass and alienate many of its best and most valued members? We think not.

Let the Society take hold of the matter in good faith, by means of a Committee most judiciously constituted, which shall enter upon its work with the "Golden Rule" in one hand, and the Electric Light of our present attainments in knowledge, in the other, and with brevity, simplicity and equity constantly in view, we may expect a report that will do honor to the Society, and tend to harmonize the views and interests of its members.

We must have a platform sufficiently broad for all, and no other will stand the strain of that "individualization" which is the foundation of liberty of thought, opinion and action.

There ought to be exerted an effort for more united action on the part of the members of the respective bureaux.

Chairmen should convene their Committees and lay out a plan for work which will give each member something to do in working up the report which is to follow.

If this plan is faithfully followed, we shall hear no more complaints of the uninteresting character of the meetings.

There are many matters relating to the public hygiene and health, which should have the attention of the Society.

Let each member exert himself to do *something*, and let us have investigating Committees by the dozen.

The public welfare will be subserved by the investigation from our standpoint, of a great variety of subjects, and however insignificant they may seem, thought and study may magnify the most simple into the greatest of them all.

"THAT CRUEL HOAX."

In justice to Prof. J. Edwards Smith we desire to say that the errors which crept into his article which appeared in our columns, are not chargeable to the author, but to the copyist who furnished us with the MS., and also to the authority quoted by Prof. Smith at p. 124. The proof should have been more carefully read and the errors detected, but Prof. Smith is not at fault for this, and we desire to exonerate him from any blame whatsoever in respect to the matter.

This accident convinces us that the greatest care must be exercised in the reading of proof, no matter what may be its source, and we beg that authors will also aid us by the careful revision of their articles, before sending them for publication.

THE late Lydia Maria Child, in leaving $2,000 to the Massachusetts Homœopathic Hospital, has done what many another would do, could their attention be attracted.

As patrons of Homœopathy we can claim the wealthy and cultured classes of the world, and if practitioners of medicine would solicit the remembrance of our Hospitals in the making of Wills, of which they are frequently and naturally witnesses, we should very soon find our institutions in a condition of financial independence, and capable of doing much more good than at present.

DR. CLINTON L. BAGG, late of the House Staff Hom. Hospital, W. I., has located at 273 W. 38th Street.

N. Y. S. HOMŒOPATHIC ASYLUM FOR THE INSANE.

The annual meeting of the Trustees of the N. Y. S. Homœopathic Asylum for the Insane, was held recently, Messrs. Harper, Graham, Draper, Hayes, Guernsey, Wilkin, Burt, Vanamee and Stivers being present, and all the officers of last year were unanimously re-elected as follows: President, Fletcher Harper; Vice-President, Grinnell Burt; Secretary, M. D. Stivers; Treasurer, U. T. Hayes.

The report of Medical Superintendent Dr. Selden H. Talcott, showed that the rate of recoveries was 46.56 per cent. larger than ever before in the history of the institution, and the death rate lower, being 4.18 per cent. In all 311 different patients were treated during the year, of whom 164 were in the Asylum at the beginning, and 180 at the close, Oct. 1, 1880. The number admitted was 147 and the number discharged or dying 131. The number discharged cured was 61, improved 24, unimproved 83, deaths 13. The largest number present at any one time was 199.

The curative means employed were the same as have heretofore been used in the institution. First, every effort is made to restore patients to bodily health and strength, which is in most cases a necessity. Rest, quiet, exercise, employment, amusement, are each and all used where they will be beneficial in the work of restoring the insane to mental and bodily health. Homœopathic treatment, of course, is the rule where medicine is necessary. Good nourishing food is one of the main reliances of the management. The male patients have been employed mostly in gardening and other light work on the grounds, while the women have done most of the plain sewing of the institution.

The Superintendent discusses at considerable length and very fairly and sensibly the much mooted question of restraint or non-restraint. While condemning it as a general treatment, he regards it as a necessity in exceptional cases and then he prefers restraint to the use of stupifying methods that are used in its stead in some institutions. He mentions one case where an insane woman was only prevented from sticking herself with pins and needles by covering her hands with light canvas until the mania passed away. A male patient was treated in the same way to prevent him from pushing his thumbs into his eye sockets, which he said the Lord commanded him to do. Another patient had to be put into restraint to defeat the most persistent and varied attempts at suicide that could be imagined. Restraint is used only to prevent suicide and mutilation, and then with the greatest care.

Dr. C. Spencer Kinney, who has been connected with the institution for some time has been appointed Second Assistant Physician in place of Dr. N. Emmons Paine, who resigned on account of failing health, and has gone to Europe. Dr. W. M. Butler remains the First Assistant Physician, and Miss Horton the Female Assistant and Mr. John Cochran the Steward.

The Superintendent mentions the organization of the Fire Brigade in the Asylum.

The Trustees' report to the Legislature of the trust confided to their care, is a very satisfactory one. The third building, known as pavilion No. 2, which has been in progress for a year or more, will be completed by the 1st of March next, and at a cost within the appropriation of $150,000, which the State gave for it. An appropriation of $8,000 is asked to furnish it and make it ready for occupancy. By finishing the garret, which is not usually done in such buildings, its capacity has been increased 25 per cent., and it will accommodate 175 patients. There are many now waiting to enter the Asylum whose applications have heretofore been refused for want of room.

Improvements have been made on the farm and

grounds and in the outbuildings to a considerable extent, and $5,000 more is asked for use in the same way. A fine new road has been built on the west side of the park, and a substantial wall on the village side of the grounds. The value of the farm products is reported at about $4,500 and the farm wages only $1,100, which is a good showing. The farm has produced an abundant supply of fruit and vegetables for the use of the institution.

The Treasurer's report again for the third time shows a surplus of earnings over expenses, which relieves the State from the necessity of appropriating money for its maintenance.

BIBLIOGRAPHICAL.

DIAGNOSIS AND TREATMENT OF EAR DISEASES. By Albert H. Buck, M.D., New York: Wm. Wood & Co., 1880.

The author says in his preface it has been his aim to present, in text-book form, a picture of diseases of the ear as they have appeared to him in hospital and private practice. Notwithstanding he has found it convenient to occasionally draw his illustrations from the published experience of others, he has generally followed the plan of using only the material stored up in his own case books, and confining himself to those methods of treatment which he has tested and found safe and efficient.

The anatomical and pathological descriptions are excellent, the surgery good and the general treatment suggestive, inasmuch as it is given in detail with each stage of the disease, so that the reader can judge for himself as to its wisdom by the results. Dr. Buck's long connection with the New York Eye and Ear Infirmary, as Aural surgeon has given him an immense amount of practical experience, and the position of teacher of otology in the College of Physicians and Surgeons has enabled him to bring to his aid the most advanced thoughts of the best specialists in his department. We have to thank him for an exceedingly readable and reliable book.

A PICTORIAL MANIKIN, OR MOVABLE ATLAS OF THE HUMAN BODY, SHOWING THE STRUCTURE AND POSITION OF THE INTERNAL ORGANS, BY MEANS OF SUPERPOSED COLORED PLATES. By Prof. G. I. Witowski, M.D., Member of the "Faculte de Medicine de Paris." English translation of text by Robert Hunter Scrope, M.D., F.R.C.P., London, with introductory essay and explanatory anatomical index by Prof. D. A. Loomis, M.D., New York: Joseph Christadoro, 93 William St., 1880.

This work is published in seven parts, each part being complete in itself, and containing, apart from the dissected atlas, a letter press description by some eminent writer of the special subject treated. Thus, part 1 contains an elaborate essay on the human body, by Prof. Loomis; the part devoted to the brain has a clear and concise essay on the subject by Prof. Witowski. The book is indeed "*multum in parvo*," the most complete and valuable thing of the kind which has yet been presented to the public. With this book before him the student can refresh his memory at any time with the location and structure of any part of the body. The price for each part is five dollars, and we are confident no more valuable book can be found for the library of the active practitioner or general student.

WOOD'S OPHTHALMIC TEST-TYPES AND COLOR-BLINDNESS TESTS: Wm. Wood & Co.

In a compact form is given the necessary test-types, color-blindness tests and trial glasses sufficient to detect the ordinary defects of vision. The explanatory text of Dr. Cutter is a resume of what is important in forming a diagnosis and will enable the family physician to decide whether his patient requires the special services of an oculist. Dr. Noyes, Professor of Ophthalmology and Otology in Bellevue College, and Surgeon to the New York Eye and Ear Infirmary, tells, in a carefully prepared pamphlet, how to choose glasses. The material contained in this box will be found all that is necessary for the family physician in determining the ordinary defects of vision.

HARPER'S LATIN DICTIONARY. A Latin Dictionary founded on the Translation of "Freund's Latin German Lexicon." Edited by E. A. Andrews, LL.D. Revised, enlarged, and in great part rewritten by Charlton T. Lewis, Ph.D., and Charles Short, LL.D., Professor of Latin in Columbia College, N. Y. Royal 8vo., Sheep, $9 00.

The translation of Dr. Freund's great Latin-German Dictionary, edited by the late E. A. Andrews, LL.D., and published in 1850, has been from that time in extensive use throughout England and America. It has been the standard book of reference of its kind for a generation of scholars.

Meanwhile great advances have been made in the sciences on which lexicography depends. Minute research in manuscript authorities has largely restored the texts of the classical writers, and even their orthography. Philology has traced the growth and history of thousands of words, and revealed meanings and shades of meaning which were long unknown. The history of ancient nations the private life of their citizens, the thoughts and beliefs of their writers, have been closely scrutinized in the light of accumulating information. Thus the student of to-day may justly demand of his dictionary far more than the scholarship of thirty years ago could furnish. The present work is the result of a series of earnest efforts by the Publishers to meet this demand.

It was seen fifteen years ago that at least a very thorough revision of the Lexicon was needed. It was therefore submitted to the author of the original work, Dr. William Freund, who carefully revised it, rewrote a few of the less satisfactory articles, corrected errors, and supplied about two thousand additions, mainly in the early pages. The sheets were then placed in the hands of Prof. Henry Drisler, LL.D., to be edited; but that eminent scholar soon advised that a reconstruction of the work was desirable, such as he could not command leisure to make. They were afterward delivered to the present editors, to be used freely, and in combination with all other appropriate sources, in compiling a Latin Dictionary which should meet the advanced requirements of the times. The results of their unremitting labors for several years are contained in this work.

The intelligent physician finds a Latin Lexicon almost as much of a necessity in his office as his Webster or Worcester. The fact that this work has been adopted as a standard by most of our American colleges, and by the University of Oxford is a proof of its great value and correctness.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Sixteenth Annual Session, 1880. Drs. Z. T. Miller, R. E. Caruthers, J. F. Cooper and T. M. Strong, Publication Committee—pp. 388.

This volume is in every respect worthy of the Society from which it issues. Its pages contain some excellently practical papers, from which we shall take occasion to quote from time to time.

Any extended review would be impracticable at this time.

Accompanying the volume is a draft of a revised Constitution, etc., and we are pleased to see that the object of the Society is "*the advancement of Medical Science.*"

TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC, OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY. Fourth Annual Meeting, pp. 85.

Chiefly of interest to the specialist in these departments.

THE MEDICAL RECORD VISITING LIST, OR PHYSICIAN'S DIARY, 1881: Wm. Wood & Co.

In addition to a carefully prepared diary we have a vast amount of information in reference to doses of drugs for exhalation, atomization and subcutaneous injection, chemical analysis of wine, poisons and their antidotes, emergencies, etc. It is one of the most convenient of the many medical diaries now before the public.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The eighth annual meeting of the American Public Health Association, took place at New Orleans, December 6th, 7th and 8th, President John S. Billings, U. S. A., in the chair.

The proceedings consisting mainly of the text of the papers read, were reported at length in the daily New Orleans *Democrat*.

We gather from the President's address that the object of the association is principally to awaken an interest in sanitary matters, and to furnish information upon such subjects, more especially in the part of the country wherein it decides to hold its deliberations, as well as to furnish a field for the expression of ideas and the publication of researches on public health, to those who are engaged in this department of applied science.

In the words of the President, however, until quite recently very little has been done in this country towards increasing our knowledge of the causes of disease, by observation and experiment directed to that end, and, in fact, about the only original observation of importance brought forward at the present meeting was, that dampness of subsoil predisposes indubitably to diphtheria and to fatality from this disease. Dr. Elisha Harris, State Commissioner of Health, and formerly Registrar of Vital Statistics, New York city, from the mortality returns of diphtheria over a period of twenty-two years in New York city, finds that the new tenement house districts north of 14th streeet, which are mostly underlaid by rock, whose surface is arranged in shallow basins that hold the water and keep the soil above continuously damp, although it be composed principally of gravel, suffered the most, while those most densely populated that lie south of Houston street had suffered least.

The papers otherwise were rather lengthy and discursive.

Two papers, one on "Our Knowledge of Epidemics," and another on "Sanitation and Education," without any one very definite practical object, occupy a six column page apiece of the N. O. *Democrat*. Occupied mainly with the general aspect of sanitary science, there is observable in the papers an unfortunate lack of attention to the points of practical importance upon which sanitarians before the public need to continually insist. For laymen to read, the articles are too long and technical. The practitioner in general may make the same objection. We think the claims of sanitary science to the active consideration of the citizen, the municipal officer, the physician, and the statesman, would be more forcibly felt by short papers, each on some one necessary reform, *and the practical way in which it may be brought about*. Communities move slowly, they do not think for themselves, they require to be told exactly what to do and how to do it, and moreover, can take up and comprehend but one thing at a time, requiring to have it dinged in their ears until the noise becomes unbearable. We believe it to be the mission of public health associations to do these things—to awaken and stir the people, until their legislators and municipal officers are compelled by the great force of public opinion, to work earnestly for the improvement of the public health.

The first paper, on the first day of the session, was read by G. Devron, M. D., of New Orleans, "On Abattoirs," which described the history of public abattoirs first instituted in Paris.

At the present day, even small towns in France have public abattoirs; all private slaughtering houses being closed by law as soon as the public ones are opened.

Belgium, Switzerland, Germany and Austria, have adopted the public abattoir system. New York, Jersey City, Chicago, Pittsburgh, Philadelphia, Cincinnati and Boston possess public abattoirs.

Private abattoirs are still a nuisance in London.

Bushrod W. James, M. D., of Philadelphia, also read a paper on abattoirs, advocating the abolition of private abattoirs on both economic and sanitary grounds.

Surgeon Jos. R. Smith, U. S. A., discussed the Texas cattle fever, which he described as an endemic disease that attacked more especially cattle imported into the State, and caused a fearful mortality among them, while it rarely killed a native-born animal.

His experience was that there was no line of treatment which was of any avail.

Dr. Harris, of N. Y., related facts to show that apparently healthy Texas cattle had infected herds in other regions into which they were introduced, and that cattle which had simply crossed the trail of Texas droves had become affected by the disease.

Perhaps the most interesting part of the proceedings of the meeting, was the report of the Committee on a Plan for the Prevention of the Spread of Venereal Diseases, and more especially the facts regarding the great frequency of these diseases.

Quoting Sturges, of New York, who has reckoned that in this city, 44 persons out of every 1,000 are afflicted with venereal diseases, 18 of whom are syphilitics; Wagstaffe, of London, who states, that 69 out of 1,000 patients in the London hospitals are treated for venereal; and 35 of these 69 for syphilis, and that among 1,500,000 poor receiving medical aid in one way or another, one in every 14 is affected with venereal; and M. Lecour, Prefect of Police, Paris, who estimates that one out of every 40 persons are affected with venereal.

Among the merchant marines, one sailor in every four obtaining medical relief has venereal.

One man in every 12 in the U. S. Navy, one in every nine in the U. S. Army, one in six among the negro troops, and one man in every seven in the British Army presenting himself for medical treatment to the regiment surgeons, and few go elsewhere, has venereal.

Of the boys, all under seventeen years of age, who applied for enlistment as apprentices in the U. S. Navy in 1879, one in every 50 was rejected on account of venereal, and one-half of these for syphilis.

The report enumerates a lengthy and truly fearful list of handled objects by means of which syphilis may be contracted. From the locality of the primary sore in a very considerable number of cases of syphilis in dispensary clinic, however, we believe that infection occurs seldom except *per vias naturales*, and when so occurring, usually is directly attributable to personal contact or the presence of an abrasion or fissure of the surface, more especially in the case of the lip, which is the most frequent locality for the sore outside of the genitals, except it be the nipple.

The spectre is wholesome, however. The things that strike us most forcibly are: The rough half-washed edge of a restaurant coffee cup, spoons and forks, public brushes and combs, borrowed pipes and stolen kisses.

The benefits which the registration and compulsory examination of prostitutes has afforded to various parts of the world where it has been tried, are forcibly stated; yet this the committee "does not hesitate to admit to be inadequate," although recognizing the 'wonderful amount of good in continental cities, in the military towns of England, in insular garrisons like Malta, and recently and remarkably in Japan. On this point, the universal testimony of naval and military officers cannot be impeached.

Fournier, one of the ablest of living syphilographers, declared to Medical Director Cines (U. S. A.) that syphilis had been virtually stamped out of Paris when the advent of the German Army introduced it; but he expressed his confidence that it would again be stamped out as before. Col. Fletcher, of the Surgeon-General's office of the U. S. A., writes to your committee: "In 1863, while I was on duty in Nashville, the question of periodical examination of the prostitutes as a protection to the troops stationed at or passing through the city, was referred to another medical officer and myself.

"We drew up regulations for the purpose, and for nearly three years the women were examined—at first

every two weeks; later every ten days."

"The amount of venereal disease was markedly lessened, so much so that its occurrence came to be looked upon (absurdly of course) as an imputation on the care of the examining surgeon." "The women, who were at first rebellious, became quite reconciled to the system. I have known them to come to the hospital voluntarily, desiring to be examined for suspected disease." "It was self-supporting, the fees paying the expenses of the hospital"

The committee, however, drops this method, whose efficacy they have taken such pains to prove, and recommends the Municipal and State Boards of Health to urge upon the legislative bodies of this country, the enactment of a law constituting it a criminal offense to knowingly communicate, directly or indirectly, or to be instrumental in communicating venereal diseases. In other words, they are impelled to recommend ..... to urge.....to enact .....to catch—*the floating foci of venereal disease.* We would simply ask. How?

One of the most interesting and practical papers read before the association, was one on the "Prevention of certain Contagious Diseases by Local Boards of Health," by Dr. Jas. Crane, Health Commissioner, Brooklyn. Its most important point was a suggestion that reports of cases of contagious disease by physicians, should be made by postal card blanks, furnished by the Board of Health to physicians free gratis, and that any communication marked official, should either pass free through the mails or be postage-paid at the office of the Board. We would remark with regard to this, that returns of births, marriages, and contagious diseases, would be much more frequent if physicians were not thus made both to furnish statistical information and pay for its conveyance.

A regulation that all dead of contagions should be immediately enclosed in an air-tight coffin and the apartments fumigated is an excellent proposal.

At the evening session on the first day, the President, Dr. John S. Billings, made a long and very interesting address on Sanitary Science.

Among other valuable remarks it contained, there are two paragraphs quite needed at the present day, when without speaking of predisposing, as distinct from exciting causes, so many writers are continually discussing filth diseases, and the horrible disease-exciting powers of sewer gas.

"Our knowledge of the causes of disease is confessedly fragmentary and imperfect. It is easy to speak of foul air and foul water in this connection, but our ideas as to what constitute foulness are as yet far from clear. Drinking water contaminated with organic matter, or even with sewage, does not always produce disease—that is immediately perceptible—if it did, the majority of our villages, both North and South, would be hospital camps; breathing foul air, sewer gases, etc., is not surely morbific; if it were, the inhabitants of our great cities would be a race of invalids."

"Every one who has made personal investigations in such matters, can readily recall instances where apparently vigorous health flourishes in spite of the most unsanitary surroundings, where he has seen strong and ruddy children playing in the filthiest alleys and houses, where he has found children packed in close schoolrooms, almost like sardines in a box, and has been unable to prove that any marked effect on health has been produced, and where men have lived to a ripe old age in spite of the habitual use of alcohol and the most indigestible foods, and of reckless exposure and dissipation of all kinds."

Speaking of the difficulties in the way of sanitary legislation, we find:

"There is a good deal of truth in Dr. Le Conte's remark 'that upon no class of minds has the progress of contemporaneous science had so little influence as upon the legal, and no kind of business has been so slightly modified by its influence as legal procedures.' Also, we know by experience that when the sanitary fat does get into the political fire, there is a terrible sizzling, and the result is often disastrous."

Again, on the uncertainties of vital statistics:

"The second class of discouragements which beset our sanitarians, relate to the doubts and uncertainties connected with the subjects of their study. To some of these I have already referred, but I wish to allude more especially to the difficulty in learning whether a community is healthy or not—in other words, to the uncertainties of vital statistics. The more experience one has in collecting and tabulating such statistics the more doubt one is apt to feel, not only as to their accuracy but as to the possibility of making them accurate.

"This applies especially to the causes of death, for in about half of the cases probably no three physicians would, without consultation, certify precisely to the same cause of death. A leading physician and sanitarian told me the other day that he thought that in three-fifths of all cases of death certificates, the certifying physician hesitates between at least two and often between three names for the cause of death, and is as likely to insert one as the other.

"But if this is true as to the causes of death, what shall we think of the prospect of being able to obtain a complete and reliable system of notification and of registration of disease? Yet it is to such a registration that every sanitarian looks forward hopefully as a means of giving scientific precision to his work, and without it it is difficult to see how we can measure the effects or decide as to the relative merits of different sources of water supply or different systems of drainage, sewerage, etc., etc."

A great secret of success in the management of a health department as in the management of any institution or work requiring a considerable number of subordinates, is contained in another paragraph.

"For several years I have been comparing the results of the work of municipal health officers as contrasted with that of municipal boards of health, both in this country and Europe, and I think that in the great majority of cases, the single officer succeeds better than the board. Where the health officer system fails, it is often because the officer attempts to continue to practice his profession and perform his sanitary duties."

One man with ability and power will do more work with less friction, less neglect, less harm than three, five or a dozen men. W. Y. C.

Since the introduction of Johnson's Fluid Beef, we have been in the habit of prescribing it constantly, and no similar preparation has ever given us such universal satisfaction. It not only gives us the stimulating qualities of the beef to be found in *Extracts*, but also the nutritious as well. It will be found of great convenience at the family table too.

SECTION OF THE CILIARY NERVES.—M. Boucheron (*Le Prog. Med.*) reports a case of a soldier who was wounded by a bullet, which passed through the head, directly back of the orbits, dividing all the nerves of the ocular globes. The eye remained intact, as was demonstrated by the ophthalmoscope. M. B. would not hesitate, then, to advise the substitution of section of the ciliary nerves in place of enucleation. (T. M. S.)

MARRIED.—December 16th, 1880, Charles E. Blumenthal, M. D., Ph. D., LL. D., editor of the *American Homœopath*, to Mrs. Jane C. Lottimer, both of the city of New York.

The enterprising homœopathic chemists, Messrs. Otis Clapp & Son, of Boston, have anticipated the "New Year" by sending us its calendar.

MESSRS. EDITORS:—Your editorial in Dec. No., on "Rational Homœopathy" cuts like a veritable Damascus blade. I am delighted to see a leading journal in our School, take such advanced ground for the wholesome truths of true Hahnemannism. A "straight" fight against the Internationals will place Homœopathy in its proper position among the medical sciences of the present day. A complete triumph over the Ad Lippe's will hasten the removal of all prejudice against us. Keep up the good fight with such stunning blows as these and all will be well. Fraternally,

H. W. TAYLOR.

CRAWFORDSVILLE, IND., *Dec.* 14th, 1880.

MESSRS. EDITORS:—In your December number appears an article over the signature of "Sam'l A. Jones" and entitled a "Wicked Hoax".

The article criticizes the terms "*Aluminium Chloride*" and "*Aluminium Hydrate*," stigmatizing them as monstrosities, and states that the terms *Aluminic Chloride* and *Aluminic Hydrate*, were the ones that were meant.

At this writing there is no desire to know how the author of the criticism ascertained so much, but it may be well enough to state that the terms so objectionable to *him*, may, under certain circumstances, be employed, and have the support of respectable authorities.

Examples given;—A book entitled "Fownes' Manual of Chemistry, Theoretical and Practical, Revised and Corrected by Henry Watts, B.A., F.R.S., Editor of the Journal of the Chemical Society; Author of a Dictionary of Chemistry, etc.,—A New American from the Twelfth English Edition Edited by Robert Bridges, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy"—says on page 126. "When a metal forms two basic or salifiable oxides, they are distinguished by adjectival terms ending in *ous* for the lower, and *ic* for the higher degree of oxidation."

(Note: Aluminium forms only one class of salts; see Watts' Dictionary of Chemistry, London, Longmans & Co., Vol. 1st. P. 154.)

But to return to Fownes (Pages 339 to 344) it uses the terms Aluminium Chloride, Aluminium Fluoride, Aluminium Hydrates (there being three, namely—Monohydrate, Dihydrates and Trihydrate)—Aluminium Sulphate and Aluminium Sulphide.

The term "Aluminic" could not have been used in the cited pages very often, since a somewhat careful search failed to reveal the term.

There is another late work, held in high estimation by modern chemists, entitled: "A Treatise on Chemistry, in three volumes, by H. E. Roscoe, F. R. S., and C. Schorlemmer, F.R.S."

The reader is referred to Vol. 2nd. Part First, 1879, pages 436 to 456:—here may be found the terms, Aluminium Oxide, Aluminium Hydrate, Aluminium Chloride, Aluminium Sulphate, etc.

Resting on the above well known authorities it may be well, further to state that in the report in which the terms objected to were used, a chemical process was described, hence it was thought proper to use *chemical* terms. These terms in Homœopathic medical parlance are *Aluminium Chloratum*, and *Alumina Hydrata*.

J. EDWARDS SMITH.

CLEVELAND, O., *December*, 1880.

IT is a great convenience to the physician and patient both, to know of a place where experienced and trained nurses can be found at a moment's notice. Miss Mabie has established such a place in a most central locality, and we can say from personal experience that she can be depended upon. (See Ad.)

DR. H. L. WALDO, the Secretary, writes us that the forthcoming meeting of the State Society, Feb. 8th and 9th next, promises to be a very interesting one. We are glad to see his appeal for more scholarly essays than have sometimes been presented.

THE OPERATION OF THE NEW LAW REGULATING MEDICAL PRACTICE.

BY H. M. PAINE, M. D., ALBANY, N. Y.

The following extracts indicate weak points in the present law regulating medical practice in this State: *First*, with reference to the authority of the County Clerk to hinder or prevent registration. *Second*, with regard to its phraseology: Is it such as to prevent its execution when intentionally violated by unregistered practitioners?

Editor Republican:—As my name does not appear among the physicians on the register of the County Clerk's office, I beg the use of your columns to make explanation.

I have twice appeared at the Clerk's office for the purpose of registration, but was denied the privilege on the ground that my diploma was granted from a medical college in the state of Massachusetts and should be endorsed by some college in this State.

In the *Medical Record* for this month, page 406, in an editorial, appears the following extract on the subject of medical registration:

"The countersigning of diplomas that are granted outside the State does not appear to be very well understood; at least we should so judge from the fact that some gentlemen who have been practicing here for the past ten years have actually taken their diplomas of neighboring States to the college and paid the fee for endorsement of the same before they believed themselves entitled to register. The truth is that every medical man who came into the State before the 1st of October, with a diploma from outside the State, was up to that time 'lawfully engaged in the practice of physic,' and as such the law merely requires that he shall register. If he comes into the State after that time his diploma must be duly approved, as aforesaid, before he can be licensed." T. T. CALKINS, M. D.

HUDSON, *October* 12, 1880.

Editor Republican: While I am opposed to newspaper controversies at all times, still the letter in your issue of October 12th, from a medical gentleman of this city, under the head "Registration of Physicians," so far reflects upon me in my official capacity that I deem it proper to explain the position of myself, as well as the said medical gentleman in the matter.

First. It is true he "has appeared at my office for the purpose of registration," and it is equally true that on neither of these occasions did he present an affidavit which entitled him to be registered; or, in plainer terms, he did not show that he had been, prior to the law of 1880, authorized to practice physic or surgery.

The first section of the law of 1880 provides: "A person shall not practice physic or surgery within the State unless he is twenty-one years of age, and either has been heretofore authorized so to do, pursuant to the laws in force at the time of his authorization, or is hereafter," etc. The law in force at the time Dr. Calkins received his diploma, and which was the law up to the 19th day of June, 1880, when the law of 1880 took effect, was as follows:

Revised Statutes of New York, 6th edition, 1st volume, page 1,113.

"SECTION 25. No person shall practice physic or surgery unless he shall have received a license or diploma for that purpose from one of the incorporated medical societies in this State, or the degree of Doctor of Medicine from the Regents of the University, or shall have been duly authorized to practice by the laws of some other State or county, *and* have a diploma from some incorporated college of medicine or legally incorporated medical society in such State or county.

"§ 26. No person coming from another county shall practice physic or surgery in this State until he shall have been examined and approved by the Censors of the

State Medical Society, *and no person coming from another State* shall practice physic or surgery in this State until he shall have filed a copy of his diploma in the office of the clerk of the county where he resides, and until he shall have exhibited to the medical society of that county satisfactory testimonials of his qualifications, or shall have been examined and approved by its censors."

The Court of Appeals of this State has decided that the expression, "no person coming from another State" means having a diploma from a medical institution of another State, and has no reference to the residence.

From this it appears that a person having such a diploma was not authorized to practice physic or surgery prior to the act of 1880 until he had filed a copy of such diploma, etc. Hence it would appear that the medical gentleman referred to, has never been authorized to practice physic or surgery, and hence could not be registered under the law of 1880.

The Doctor has a way (by mandamus) to test this question as to whether I was legally right or wrong in refusing to allow him to register, and I respectfully invite him to try it, and it shall be without costs in case he is beaten.

CHAS. WHITBECK,
County Clerk Columbia County.

HUDSON, *October* 16, 1880.

Editor Republican: Little did I expect to involve myself into a controversy with the County Clerk, when, last week, I caused a brief item to be inserted in your columns for the purpose of explaining why the book provided at his office for medical registration failed to show that I had performed that duty. The only objection made at the time I proposed to register was that my diploma had not been endorsed by some medical college of this State. It was then a question among medical men whether that was a requisite to registration, the extract I presented from the *Medical Record* showing that it was not. I am also told that the officers of the Albany college say that no other County Clerk in the State has held that such a course of procedure was necessary. The County Clerk, in his article of the 18th, mainly ignored that point, but, to make out a case, claimed that I was disqualified from registering from having failed to file a copy of my diploma under the old law. The fact that not one in ten of the practitioners of the county who have now registered under the law of 1880 ever complied with that law, including those also who hold a diploma from without the State, sufficiently proves his inconsistency, and I regret to say that the position taken has somewhat the flavor of persecution.

I hold a diploma, granted November 10th, 1847, by the Berkshire Medical College, Massachusetts, its validity having been attested by the censors of the county and State medical societies, having long been a member of both organizations.

But now I am told by the County Clerk that I "was never authorized to practice physic and surgery, and hence could not register under the laws of 1880." Where does the Clerk derive this authority to act as medical censor above all censors?

He seems also to consider himself legally authorized to prohibit the registration of illegal practitioners, whereas the law of 1880 gives him no such power; but simply to provide the means for registration, and to allow all who desire to do so to register. Whether legal practitioners or not is another question; one to be determined by a court having authority to try those guilty of a "misdemeanor." [See Sec. 3.] Those who register and swear falsely regarding the source whence their diploma or license originates are guilty of perjury. [See Sec. 2.]

Not a line or sentence in the law of 1880 authorizes the County Clerk to decide who are legal practitioners and who are not, or to prevent the registration of illegal practitioners. The latter do so at their own risk, but if they take the risk, where are we to find the law giving the County Clerk the power to restrain them?

HUDSON, *October* 22, 1880. T. T. CALKINS, M. D.

A LAW WHICH DOES NOT HOLD WATER—OF INTEREST TO PHYSICIANS.

The case of Dr. Ransom Gibbons of Westerlo, the old gentleman who was charged with practicing physic and surgery without having been registered, was up before Justice Clute yesterday for further examination. Mr. N. P. Hinman appeared for the defendant. Considerable evidence was taken, at the close of which Mr. Hinman moved for the discharge of the accused on the ground (1) that the proof failed to show the commission of any offence; (2) that to constitute an offence a violation must be shown of the second section of the act, or rather sections one and two; (3) that the omission to register was merely an omission and not a violation; (4) that there was no proof that the defendant was at any time unlawfully engaged, under the meaning of the act, in the practice of either physic or surgery; and (5) that to make the defendant guilty of any offence arising out of the omission to register, the proof must clearly show that he was unlawfully engaged in the practice of both physic and surgery, and there was no such proof. Justice Clute in discharging the prisoner so held. The decision is one of much interest to the medical profession. —*Albany Morning Express*, November 17, 1880.

The foregoing extracts will be of service for reference by those of the profession who are endeavoring to improve the status of medical practice in this State.

CONDYLOMATA. Cured by *Staphisagria*. (From A. H. Z., Bd. 96, p. 92, by Dr. A. Lorbacher.)

The thorough cure of this disease is not a light task, and many homœopathic physicians have resorted to the knife and the escharotic pencil.

We cannot approve of this deviation from our law of cure, and we can only attribute it to the circumstance that after the unsuccessful use of *Mercury*, *Thuja*, and *Nitric Acid*, they thought that our materia medica had no other remedies against this enemy. And yet there is another drug in our treasury which has been proved in many cases. Last year was the first that we had an opportunity to be convinced of this.

The first case was a blooming girl of 21, who had been infected a year and a half ago. Since then she has had a syphilitic leucorrhœa, which was accompanied after a time by a broad band of moist condylomata, which spread from the labia majora over the perinæum and anus. At first from shame and ignorance, and afterwards because she felt well, she had not confided in a physician. But as they increased, and caused her pain on walking, she was compelled to do so. The external treatment of the first physician she employed was without benefit, and as he spoke of caustics she came to me. Inspection showed that the inner side of the thighs and popliteal spaces, as well as the nates, were corroded by a brownish, slimy, stinking secretion, which came from the condylomata. They were oval, and of a tolerably dense structure. She still had a profuse whitish leucorrhœa. No scars of ulcers were visible. Her menses were regular. I gave her *Thuja* for 6 weeks in different dilutions, and also applied it externally. A slight improvement occurred; but as it did not progress, I tried *Staphisagria* 2, morning and evening 3 drops. After 14 days there was a decided improvement. The condylomata decreased perceptably, and so rapidly that after using the remedy 8 weeks with frequent pauses, the warts had disappeared. The fluor albus had previously ceased. Six months have now gone and there has been no return.

The second case was at the poliklinic. The patient was a chlorotic-looking girl of 23 years, who had been infected about six months. She says that she has always been regular and perfectly healthy, except a torturing aching in carious teeth, which brought her to us. On inspection but few sound ones were found. Those in her left lower jaw were the worst, where there was a fistula of the gums. The gums were swollen,

spongy, bleeding easily, and secreting pus; the left parotid was also swollen. An examination of the genitals revealed about the same condition as the first case, except that the leucorrhœa was more profuse and more purulent. She was, owing to her worry, sleepless nights, and poor appetite, very much reduced.

In the choice of remedies there were but two that came into consideration—*Merc. sol.*, and *Staphisagria*. Owing to the toothache and the condition of the gums, and the swollen parotid, I chose the former. After using it 3 weeks, there was a decided improvement of the toothache, the parotid was smaller, and the scorbutic condition of the gums was better; but it had no influence on the other morbid manifestations. After a pause I administered *Staph.* I began with the 6th dilution, 3 drops 3 times a day. As improvement was apparent, one dose daily, and lengthened the interval still more finally. It first showed its power on the teeth and gums. The improvement begun by *Merc.* received a new impulse. After about 6 weeks, not only was the toothache entirely gone, but also the swelling and scorbutic state of the gums was removed, the fistula healed, and the swelling of the parotid reduced to a minimum. The condylomata and leucorrhœa yielded last. It required almost 6 weeks more before this was completed.

There does not occur in the materia medica any symptoms in the female genitals pointing to condylomata, but those mentioned in connection with the male organs. "Formation of a soft, moist growth behind th[e] corona glandis," as well as the lumps mentioned on the gums and in the buccal cavity and around the anus, which bleed easily, were sufficient indication to the employment of the *Staph.* in the above cases, particularly in the latter.

I take this occasion to call attention to a point which in my opinion has been overlooked during late years; viz., the order in which the remedies follow each other. In chronic and the more severe acute diseases, the cases which are cured by one drug are rare. It is not unimportant in what succession the drugs succeed each other. In following the right order lies the secret of the remarkable results of some of the older homœopathic practitioners, one of whom, Bœnninghausen, I may mention. This is certainly not always an easy task. To do so requires a rare knowledge, not only of the related remedies, but also of the antidotes. That the antidotes complement the action of each other, as in the latter case *Merc.* and *Staph.*, is an established fact with every attentive and impartial observer. (A. McNeil, trans.)

THE CURE OF HARD CHANCRE BY CONIUM. (Alg. Hom. Z. Band 96, p. 52.)

It is about ten years since Herr N. presented himself to me with a salver-shaped indurated chancre on the prepuce. He had been treated 17 weeks by Lutz, and notwithstanding the care of the patient, the sore had reached the size of a silver half-dime, although he had been under his treatment soon after a vesicle was perceived. That *Mercury* had been used in large doses was proved by the salivation of the patient. I prescribed, ℞ Tinct. *Conium* 2 gtt. *Aqua.* zjj., Syr. *Simp.* zj. To be taken, a teaspoonful three times a day. After using this recipe four times his chancre had disappeared, and has never returned.

Conium is *the* remedy for hard chancres. (A. McNeil, trans.)

EFFICACY OF SANITARY IMPROVEMENT.—Two reports have recently been published in Great Britain which illustrate what has been accomplished in lessening the prevalence of disease and prolonging human life by measures of sanitary improvement. The improvement trustees of Glasgow have given out a statement showing that the average death-rate per one thousand persons has been reduced nearly eleven per cent. in twelve years, under the operation of the sanitary measures instituted by them, which included the demolition of unwholesome dwellings, and the provision of ample hospital space for small-pox and fever cases, and for the control and limitation of epidemic disease. They also cite from the report of the Registrar-General figures showing that a similar improvement in sanitary condition has been wrought in other towns; in Edinburgh of fourteen, in Dundee of twelve, in Aberdeen (where the death-rate was already very low) of three and one-half per cent. The figures given of a number of English towns show a less striking rate of improvement. Dividing the twelve years into two groups of six years each, it is found that, in twelve leading towns, 61,000 fewer deaths occurred in the second six years (1873–'78) than would have occurred under the higher death-rates of 1867–'72. The sanitary officer of Manchester has reported to the bishop of the diocese that, under the operation of the measures which have been adopted in that city, "typhus and typhoid fever, though not absolutely extinguished, are of comparatively rare occurrence, and nearly all other infectious diseases have been largely reduced in amount while the general health has been improved."

ANIMALS OR PLANTS?—In the course of a lecture on "Plants that prey upon Animals, and Animals that fertilize Plants," delivered at Leeds recently, by the Rev. W. H. Dallinger, the lecturer explained that there were animals—definitely proved to be such, and with which every zoölogist was familiar—they were so lowly in their being that they possessed no definite form. They revealed to the most refined scrutiny no organization. They moved, but without muscle; they crept, but without limbs; they felt, but without discoverable nerves; they devoured without mouths; they digested without stomachs; and they had all the properties of life, but were without trace of organized structure. It was their habit to associate with even these lowly creatures, because they were animals, a measure, at least, of consciousness and volition. But, on the other hand, there were plants of the highest and most compact structure in which delicacy of organization, refinement of mechanical contrivances, and adaptation of means to ends, were combined; and yet, because they were vegetables, they were accustomed to assume that they were without consciousness, and devoid of will. But what were the facts? Zoölogy at the present day was in the highest sense a science. Its facts had a precision and value unrivalled, and from these they were bound to say that the old landmarks were utterly incompetent. The animal and vegetable kingdoms could not be separated, and the two marched on in one organic whole. To the popular mind he had no doubt this would appear arrogant. To common observation the distinction between the plant and the animal was believed to be sufficiently clear. Between an ox and an oak-tree there was an unmistakable difference. A cabbage and a swallow were not very easily confounded. This was quite true; but if the entire of what was known as the animal world were laid against the whole of what was known as the vegetable kingdom, it would be seen that there were no features belonging to the one which were not in some sense shared by the other. There were vegetables controlled by movements which in animals would be called instincts. They could intoxicate a plant as they could intoxicate a man or beast; they could paralyze it with pain or chloroform, and could kill it with an electric spark. There were some plants which depended for existence on the animals they entrapped, and to this end they were endowed with a susceptibility more delicate than that of the human body, while they could distinguish between food which would nourish them and substances which would not. It was not too much to say that the extinction of insects would lead to the extermination of the most beautiful plants existing on the globe; while the extinction of these beautiful plants would, in a like manner, be the ruin of the majority of insects.

PERINEAL LACERATIONS.—The November issue of the *Homœopathic Journal of Obstetrics and Diseases of Women and Children*, is full of scholarly and thoughtful articles. In a very common sense paper on Perineal Lacerations, Dr. E. N. Foster takes occasion to dissent from the usual course of uniting the torn part of the perinæum with stitches unless the anal sphincter is involved, believing that in even severe lacerations, the parts, when due caution is taken, will heal better without them. These precautions are, after thoroughly exposing the wound to cleanse it perfectly, removing every coagulum and shred; stop all bleeding, using hot water if necessary; wrap the parts perfectly; apply a compress heavy enough to keep the outer edges of the rent from slipping past each other; keep the parts wet with dilute arnica, calendula, alcohol or other antiphlogistic lotion; change the compress entirely with every napkin; keep all snug by a T bandage; make the compress long enough to pass beyond the anus; daily inspect the parts that there may be no mistake. Under this treatment he gets better results than with the sutures. Bandaging the legs together he considers irksome to the patient and entirely unnecessary. To prevent laceration, the author considers pressure over the anal orifice much better than on the perinæum itself, the latter increasing the expulsive force of the uterus by reflex action.

DR. MACLAREN, of Edinburgh, Scotland, states that the types of insanity have changed within modern times. For instance, acute delirious mania is now comparatively rare, but mental enfeeblement attended with paralysis is becoming more and more common, and is the result of the overwork and worry of the struggle for existence at the present day.

PHYSIOLOGICAL ACTION OF ALCOHOL ON THE CIRCULATION.—"D. J. D. Castillo concludes, from the uniform results of fifty odd experiments, that alcohol in small doses causes an acceleration of the pulse with increased cardiac force; that this acceleration of the pulse and the increase of the cardiac force are due to a direct stimulation of the heart; that alcohol in large doses causes an acceleration of the pulse, with dimished cardiac force, and that is is due to a direct depression of the heart; that if the dose be excessive the pulse rate is diminished from the first, or the heart may be immediately arrested, being due to a direct paralysis of the heart; that the heart is always arrested in diastole; that small doses cause a rise of the arterial pressure; that large doses cause a fall of the arterial pressure; that these changes effected in the arterial pressure are due to the action of alcohol on the heart alone—in the former case being one of stimulation, and in the latter one of depression; that alcohol in small doses is a cardiac stimulant, and in large doses a cardiac depressant." In other words, alcohol has its dual action the same as any drug and should be prescribed with as much care and with as careful study of the condition of the system as — Aconite or Veratrum Veride. Alcohol, properly given, is an exceedingly valuable drug; in ignorant or unskilled hands it is often an exceedingly dangerous one.

INCREASE OF CANCER.—The statistics of cancer are somewhat startling. In Philadelphia there has been an increase during sixty-five years, of four hundred per cent., and in London, during twenty years, of seventy per cent. It is the opprobrium of the profession that notwithstanding the pathology of this terrible disease has been carefully studied, we, as yet, know but little of its cause and are equally in the dark as it regards treatment.

CHRONIC CYSTITIS.—Dr. Frank Hamilton recommends horse-back riding for this troublesome disease when it is uncomplicated with enlarged prostrate. He says constitutional causes lay at the bottom of a great many chronic inflammatory conditions, and a knowledge and remembrance of this fact is necessary to successful treatment. Anæmia and disturbances of digestion are often a part of this constitutional vice. Such diseases as chronic conjunctivitis, otitis, bronchitis, pharyngitis, laryngitis, urethritis, and arthritis, are examples of inflammations dependent generally on constitutional causes. Not one of these can, as a rule, be cured by local measures. Even a chronic congestion and displacement of the uterus may be relieved by riding in the saddle and attention to general hygenic measures.

PHOSPHORUS AS A PREVENTIVE OF CONGENITAL MALFORMATION.—A correspondent of a British medical journal says he attended a young married lady in three successive confinements. Each time the mother gave birth to a child more or less malformed, having club feet, twisted hands, spinal curvature, etc. The lady came to him again in despair, saying she was pregnant for the fourth time. He put her on a preparation of phosphorus and a healthy, well-formed child was born in due time. The phosphorus was then discontinued, but as lactation failed to appear the drug was resumed. Milk was then secreted in abundance, and of good quality. On the occurrence of a fifth pregnacy, the phosphorus was commenced again and with the same results. The idea of giving the drug was suggested by the reports of its success when given to mares which threw malformed colts.

MALFORMATION OF THE EYE.—M. Gueniot (*Le Prog. Med.*) presented to the Société de Chirurgie an infant which had upon each eye, at two symmetrical points, at the union of the sclerotic and cornea, and invading the cornea, two spots resembling drops of wax. M. Polaillon thought these lesions could be explained on the ground of a faulty development of the eye. He believed these white spots were of a cutaneous nature; they were capable of sustaining a growth of hair, and were sometimes coincident with fissures of the iris. (T. M. S.)

EXCITATION OF THE SCIATIC NERVE.—Experiments (*Le Prog. Med.*) have shown that when the central end of the divided sciatic nerve received a feeble excitation, as for instance by means of compression or the passage of a feeble electric current, there was a notable increase of the urinary secretion; an increased or strong irritation, such as a ligature or a strong electric current, produced a diminution of the secresion. It was noticed also that an irritation of a single nerve poduced the same effects on both kidneys. (T. M. S.)

AT the annual meeting of the Homœopathic Medical Society of Alleghany County, Pa., the following were elected to serve as officers for the ensuing year: Prest. Dr. W. F. Edmundson; Vice-Prest., Dr. C. F. Bingaman; Sec'y, Dr. T. M. Strong; Treas'r, Dr. J. B. McClelland; Censors, Dr. L. M. Rousseau, H. H. Hoffmann, L. H. Willard.

THE Homœopathic Medical Society of the County of New York, elected the following officers for the ensuing year. Dr. J. Ralsey White, President; Dr. E. Carleton, Jr., Vice President; Dr. F. H. Boynton, Secretary; Dr. T. Franklin Smith, Treas; and Drs. R. McMurry, Alfred K. Hills, Chas. A. Bacon, Wm. Tod Helmuth, and S. Lilienthal, Censors. The Treasurer reported $517.39 cash on hand, about $80. bills receivable, and no bills payable.

DIED—Oliver Smith, M. D., aged 62, died in Brooklyn, Nov. 23rd 1880.

Dr. T. F. POMEROY has removed from Detroit, Mich., to Jersey City, N. J.

PHYSIOLOGY OF THE SPHINCTERS.—M. Brown-Sequard (*Le Prog. Med.*) recalls the fact that Goltz has seen rythmical movements of the anal and vesical sphincters follow section of the cord in the dorsal region. He had himself observed an almost similar phenomenon in the vaginal sphincter. These diverse rythmical movements are arrested if compression is made upon the great toes; a fact which the author had demonstrated as also occurring in connection with the epileptiform convulsions which are present in certain diseases of the cord. (T. M. S.)

PRURIGO, characterized by being "*invariably aggravated by cold and, equally invariably soothed by warmth, especially in bed,*" has been cured with *Rumex crispus* 12. by Dr. Bernard-Hardenpont, as reported in *Hom. World* for November, 1880.

SELENIUM in Incontinentia Urinæ Diurna, is illustrated by a case reported by Dr. J. C. Burnett in the *Hom. World* for November, which was characterized by the *dark* color of the urine.

ORIGIN OF THE VASO-DILATOR NERVES OF THE BUCCO-LABIAL REGION.—At the meeting of the Biology Society held last July, M. Laffont announced that the vaso-dilator filaments contained in the peripheral branches of the trifacial nerve, did not arise from the point of origin of the nerve, but were borrowed filaments from a source as yet unknown. Nevertheless, in a note to the Academy of Sciences, (*Le Prog. Med.*) MM Dastre and Morat accused MM. Jolyet and Laffont of assigning the dilating power to the trigeminus nerve. In the same note these physiologists claim to have discovered the origin of the vaso-dilator nerves of the Bucco-labial region in the thoracic sympathetic. For this purpose they were content with a simple examination of the effects produced by the excitation of the cervical sympathetic. But, as M. Cl. Bernard has said, the simple excitation of a nerve is not sufficient to attribute to it exclusively the possession of a function. It is necessary also to divide it and determine in these new conditions whether the function still exists in all its integrity. This, M. Laffont has done. He extirpated, in a dog, the superior cervical ganglion, and resected the cervical vago-sympathetic of the same side. By exciting the peripheral end of the two superior maxillary nerves, after an interval of twenty days, he has obtained the same effects of vaso dilatation of the bucco-labial region, on the healthy side and on the side of the resected sympathetic. The origin, therefore, of the vaso-dilator nerves of this region, is not in the cervical sympathetic, as has been asserted. This question has no bearing on the reflex action which M. L. has been lately studying. He exposed, in a dog, the valve (anneau) of Vieussens, the efferent nerve of the inferior cervical ganglion, the afferent branch of the superior cervical ganglion, and the occipito-atloid space. He noticed that excitation of the branches from the valve of Vieussens and the cervical sympathetic produces bilateral rubefaction of the bucco-labial region, and predominant on the excited side, only when the current is strong. Opening then the occipito-atloid space, he seized and divided, without injuring the bulb, the glosso-pharyngeal, spinal, pneumogastric and hypoglossal nerves, at their exit from the jugular foramen. Renewing then the excitation of the valve of Vieussens and the sympathetic, he found that the vaso-dilatation effects were wanting, although the oculo-pupillary effects remained intact, showing that when the reflex communication is destroyed, reflex phenomena are no longer produced. In these new conditions, if we excite the peripheral end of the divided nerves, by placing one pole at the jugular foramen, and the other at the periphery, we will obtain a vaso-dilatation limited to the affected side. M. Laffont concludes: First, that the facts announced by MM. D. and M., exact of themselves, have received from these experimenters only a limited interpretation; second, that they have not discovered the origin of the vaso-dilators, but only a reflex nucleus of these nerves. (T. M. S.)

TREATMENT OF VIRULENT ULCERS.—M. Marc Sée (*Le Prog. Med.*) makes use of the following procedure in syphilitic ulcers: He scrapes away with a sharp edged curette the pulpy matter covering the ulcer, continuing the process till every sign of furrows or ridges has disappeared If phimosis is present together with a soft chancre, he incises the prepuce by means of the thermo-cautery and then operates as above. It is necessary that the scraping should be done with the *minutest* care; the least remnant forgotten will give rise to a new growth. After this operation he cauterizes carefully the scraped surface; this done he applies an antiseptic wash. The operation is painful and should be done under the influence of chloroform. The results are excellent; there is no inflammation; at the end of two or three days the ulcer is transformed into a simple wound of a benign nature, and in a space of time varying from fifteen days to three weeks, the cure is complete; the cicatrix is linear. (T. M. S.)

OILY CYST OF INTERNAL ANGLE OF THE ORBIT.—M. Berger (*Le Prog. Med.*) operated upon a youth of nineteen years of age, for a congenital cyst, of the size of a hazel-nut, situated above the lachrymal sac; on account of its transparency, it was, at first, thought to be a meningocele. The cyst was punctured and three drops of the *tincture of iodine* was injected into the sac. It refilled at first, then slowly diminished, and, to-day, the cure is nearly complete. Four grammes of an oily liquid, spontaneously coagulable and having the same point of solidification as margarine, was withdrawn through the puncture; microscopic examination revealed the existence of anatomical elements, undetermined crystals, diverse granulations and certain other elements formed of concentric layers which might possibly be epithelium of sebaceous glands. This case was the eighth known; three had been noted by Prof. Verneuil. (T. M. S.)

THE VOICE IN REFERENCE TO THE INTENSITY OF SOUND.—By means of experimental researches upon this subject, M. Krishaber (*Le Prog. Med.*) reaches the following conclusions: First, the vocal cords, generators of sound, of themselves produce but a slight noise, the musical value of which it is difficult to determine; second, the intensity of the primary sounds of the vocal cords is powerfully reinforced by the pharyngo-buccal and pharyngo-nasal cavities, which constitute the organs of resonance; third, the vestibule and the ventricles of the larynx were without influence upon the intensity of sound, in the animal experimented upon, and whose larynx presented a marked analogy with the human organ; fourth, the voice draws its characteristic timbre from the same sources that the intensity does, with this difference, that at times, the timbre of the voice is determined by the bucco nasal cavity, and the intensity by the pharyngeal cavity, the amplitude of which, in consequence, is one of the most essential conditions in producing power in the voice.—(T. M. S.)

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